

**WHAT
JESUS CHRIST
SAID ABOUT
HOMOSEXUALITY:**

(That's right. He said absolutely nothing about it.)

DR. RALPH BLAIR

30 EAST 60TH STREET
NEW YORK, NEW YORK 10022

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"HOMOSEXUAL CHRISTIANS?"

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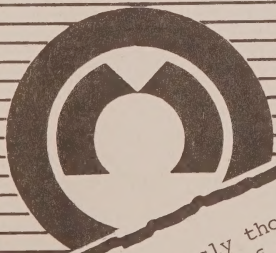


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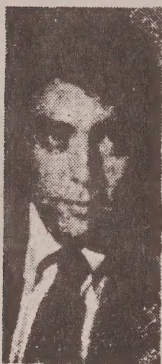
ETIOLOGICAL AND TREATMENT LITERATURE ON HOMOSEXUALITY

DR. RALPH BLAIR



"Dr. Blair is scrupulously thorough and shows a remarkable analytic ability in his evaluation of the research of others. Indeed, his survey on the etiology of homosexuality is to my mind the best in existence." -- CARLFRED B. BRODERICK, Ph.D., Editor
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Preface

If my readers wish to learn from this monograph what causes homosexuality, they need not read further—either in these pages or in any other publication. You will learn from this review that nobody knows what causes homosexuality.

As Money (1970) points out: "science and medicine do not yet have the answer to what determines psychosexual differentiation as homosexual, heterosexual, or bisexual." After discussing the data on cytogenetics, statistical genetics, fetal differentiation of sexual morphology, sex differentiation and brain, sex assignment and gender identity, postpubertal hormonal differences, neuroperceptual sex differences, brain and dimorphism of gender identity, Money concludes that homosexuality is a "product of the confluence of heredity and environment." He states that "to classify homosexuality as hereditary or constitutional versus acquired is outmoded. The differentiation should be between chronic, obligative, or essential versus transient, facultative, or optional." He wisely notes: "Exactly the same statements may be made of the heterosexual."

Simon and Gagnon (Ruitenbeek, 1970a) caution that the study of homosexuality suffers from a major defect in that "it is nearly exclusively interested in the most difficult and least rewarding of all questions, that of etiology." Precisely because this is the case, the present review of this literature is offered, hopefully not to add to the confusion which already exists in such abundance, but to display it for the confusion which it is.

Hopefully, the exposure of this lack of knowledge, appearing as it must "in curious contrast to the cocksure pronouncements people tend to make on these matter" (Ullerstam) will enable us to avoid intimidation by "experts" who pretend to know just what is "wrong" and just what to do to "correct" it. Recognizing our ignorance, we may be less prone to assign blame and foster guilt for a human phenomenon which can be easier to enjoy than to try to repress or destroy.

PART I: THE ETIOLOGICAL LITERATURE

Introduction

In the 18th century a volume entitled, *PLAIN REASONS FOR THE GROWTH OF SODOMY IN ENGLAND*, stated that homosexuality was caused by the drinking of tea and by the "pernicious influence of Italian opera." As much as one might today appreciate some "plain reasons," recent explanations seem not to be much more enlightened than were the earlier ones about tea and opera.

Rodale, for example, has written that "the fluoride in drinking water could affect the raw materials from which organs manufacture sex hormones," and that this could lead to homosexuality. He then points to a "notorious" example of his theory by stating that the drinking water in San Francisco is fluoridated. It might be noted, though, that Rodale takes note of neither the use of this water in the steeping of tea nor of San Francisco's fondness for opera. (*PREVENTION*, October, 1968, p. 5)

One psychiatrist told the nation's nurses that financial trouble in the home when a child is eleven will cause the child to look for homosexual contacts when financial crises strike in adulthood. (*NURSING OUTLOOK*, August, 1967, p. 30.)

Narramore, a consulting psychologist for the Los Angeles Public School System, has written: "Spiritual causes of homosexuality cannot be overlooked. In a godless, secular society it is not surprising that God has given men and women over to their lusts."

Another theory on causation comes from astrology. This one has to do with the situation arising when, as explained by Vitale, "in the natal horoscope, Uranus retrograde in Aries opposes the Sun, Mercury and Mars in Libra, with Mercury being in the critical 30th degree of that sign, or 0 degrees of Scorpio." In the case of this astrological explanation, however, a specific disclaimer within the article states: "Astrology being the vastly complex science that it is, it is foolhardy and dangerous to make generalizations and try to make them fit all individual cases." Another disclaimer appears elsewhere in the magazine: "The interpretations of the planetary aspects in *ASTROLOGY--YOUR DAILY HOROSCOPE*, are based on current planetary aspects and although identified with each sign of the zodiac are not intended to be individual or specific. The pronoun *YOU* is used in a collective and plural sense." The writings of some psychoanalysts and psychiatrists on homosexuality do not always show such hesitency to extrapolate and to generalize from what may be seen to be quite idiosyncratic cases.

Other theories include one's being a hunchback or having a club-foot, the "cleverness of the devil's disciples," and excessive "self-abuse."

Before discussion of the more widely held theories on the etiology of homosexuality, the question: "What causes homosexuality?" can be put into a somewhat different perspective from that in which it is usually examined by asking the question: "What causes heterosexuality?" Hoffman points out:

Virtually all the literature on homosexuality is marred by the failure of its authors to take account of the fact that heterosexuality is just as much a problematic situation for the student of human behavior as is homosexuality. . . . The only reason it does not seem to us a problem is because we take its existence for granted.

Physical Factors

The pioneer sexologists such as Krafft-Ebing, Hirschfeld, and H. Ellis, believed that the etiology of homosexuality was constitutional or biological. As the years passed, there has been a definite shift away from the idea that homosexuals are "born that way." Nevertheless, literature still appears which purports newer evidence in support of the older position. Studies on the constitutional or biochemical determinants of homosexuality are concerned with twin studies, morphological studies, and hormone studies.

Kallmann found that in 40 sets of identical twins, where one member was homosexual, the other was almost invariably homosexual. However, he discovered that this dual homosexuality occurred in fraternal twin pairs in fewer than half of the pairs. He cautiously concluded that homosexuality had a hereditary basis, even though there was a history of overt homosexuality in only one of the fathers. Although Kallmann's is perhaps the most extensive study in terms of numbers of subjects, it is to be observed that most of his identical twins were diagnosed as schizophrenic. Only ten of these subjects were, as Kallmann puts it: "... sufficiently adjusted, both emotionally and socially."

Parker reports that he found that after a 26 month search of cases of homosexuality in twins, he found four cases of which only three cooperated in the study. Two of these three pairs were identical twin pairs and the third was a fraternal pair. Parker concluded that co-twins showed no evidence of homosexuality.

Pardes, Steinberg, and Simons surveyed the literature and found that there were no clearly documented case reports of persistent and overt homosexuality in one or both identical twins nor were there reports of mutual homosexual contact between female identical twins. Pardes and his associates, however, did study a case of 36 year old female identical twins with a history of adolescent homosexual behavior with each other.

Klintworth reports a pair of male monozygotic twins discordant for homosexuality and explains the discordance in terms of genetic and psychoanalytic concepts. Rainer and his associates have reported two sets of monozygotic twins. One member of each pair was homosexual and the other member was heterosexual. They state: "Neurological and various biochemical examinations failed to reveal differences between these identical twin pairs divergent for

homosexuality and heterosexuality." In their summary of their study of homosexuality in twins, Heston and Shields concluded: "An etiology based on the interaction of genetic and environmental factors is required to explain the findings." Heston and Shields had found that in "an unusual family with a sibship of 14," there were three pairs of male monozygotic twins, in two of which both twins were homosexual. The researchers acknowledge that all of the children of this household grew up in a "severely disruptive environment."

A second group of constitutional studies has to do with homosexuality and morphology. Arguments that homosexuality and particular body-builds and physical features go together are still seen from time to time.

Donahue reported that he had never come across a fat homosexual. He said that homosexuals are generally slender or athletic with triangular or egg-shaped faces. (Cited in ONE, December, 1961, p. 10) In 1921, Lichtenstein reported that one will almost always find "an abnormally prominent clitoris" in lesbians, especially among "colored women." But 15 years later H. Ellis reported the opposite. In 1924, writing about the anatomical bases for the congenitality of homosexuality, Weil reported that homosexuals are generally smaller and more effeminate in body-build than are heterosexuals. His control group, however, was evaluated by a different observer than was his experimental group. In 1936, Hirschfeld wrote that there was a "girlish appearance in the boy and a boyish appearance in the girl" who would become homosexual. In 1957, Schlegel measured the bodies of 10,000 subjects and concluded that the bodies of homosexuals "mirror their sexual inclinations," whatever he meant by that. In 1961, Nedoma and Freund reported that, based upon 126 homosexual men, homosexuals weighed less, had shorter biochromial distance, and larger penises, than did heterosexual men. On the contrary, Henry and Gailbraith had, in 1934, reported the reverse. In 1959, Coppen concluded that homosexual patients' body-builds resemble those of persons with psychiatric disorders and that they could not be specifically related to homosexuality.

All in all, then, these as well as other studies on body-build and homosexuality are contradictory, based on very few subjects, poor definitions, very skewed samples of psychiatric patients, and are quite inconclusive and really rather useless.

In spite of scattered reports on a significant link between chromosomal factors and sexual behavior, most recent studies do not report conclusive evidence of such a connection. An example of the rare report is found in Telfer's account of a tendency toward homosexuality noted in some chromosomally abnormal XYY men at the Atascadero State Hospital in California. Since the XYY phenomenon is present in only one out of every 2,000 men, the explanation of the XYY arrangement as being significantly causal in homosexuality would not account for the fact that 80 times this ratio are exclusively homosexual throughout their lives, to say nothing of the half of the male population which is partly homosexual. There are other arguments against the XYY direct cause theory and most of these have to do with the

social implications of XYY-induced early maturation, acne, and other problems connected with "anti-social" behavior. It must be noted, too, that Telfer's sample must be recognized as one which is heavily weighted with people judged to be emotionally disturbed, in general.

A problem with physiological studies and homosexuality, in terms of appropriate interpretation, arises from the fact that, as illustrated by a report in MEDICAL WORLD NEWS (September 20, 1968, p. 13) hermaphroditic animal behavior often is carelessly confused with human homosexuality. When such interchangeableness is noted, the arguments for chromosomal etiological factors are weakened considerably. Hermaphroditism, by definition, is physical whereas the question under consideration is whether or not homosexuality is physically based. But because hermaphrodites are physically defined, — a definition easily observed in a clinical setting — the evidence from studies on the relationships between hermaphroditism, gender role, chromosomal sex, and sexual orientation is particularly powerful in throwing over the earlier constitutional theories. For example, in studies of 105 hermaphrodites of different diagnostic varieties and of all ages, it was found that when comparisons were drawn between gender roles, orientations, and assigned sex of subsequent rearing and physical variables (e.g., gonadal sex, hormonal sex, chromosomal sex, pubertal feminization or virilization, the internal accessory reproductive structures, and external genital morphology), Money and his associates (1957) report that it was "demonstrated that the sex of assignment and rearing is consistently and conspicuously a more reliable prognosticator of a hermaphrodite's gender role and orientation than is the chromosomal sex" or any of the other physical variables. In 72 of 76 cases of hermaphroditic patients, gender role and orientation was congruous with the sex of assignment and rearing (Money, 1955). It was concluded: "sexual behavior and orientation as male or female does not have an innate, instinctive basis."

The classic hormonal study to associate chromosomal factors with homosexuality was done in 1940 by Lang. It was Lang's hypothesis that some male homosexuals are sex "intergrades" with male morphological sex characteristics but with female chromosomal patterns. Taking his cues from the work of Goldschmidt of almost a decade earlier, Lang experimented with producing sex intergrades in the gypsy moth by cross-breeding species from different geographical areas. Lang translated the information on varying degrees of imbalance between male and female genes to humans. Pritchard's review of the literature since Lang shows that Lang's view has been discredited. Pare was one of those who checked upon the validity of the Lang hypothesis that male homosexuals are genotypically females and found to the contrary that after examining 50 male homosexuals of "4" and "5" ratings on the Kinsey scale and comparing them with 25 male and 25 female controls that all homosexuals were chromatin-negative. The actual incidence of chromatin spots did not differ from that found in the male controls.

Blenler and Wiedemann also found that after investigating the chromosomal sex in 20 male and 4 female homosexuals, chromosomal and somatic sex were the same in all cases, i.e., male in males and female in females. Luers and Schultz, using the Davidson and Smith method of determining the nuclear sex of polymorphous nuclear leucocytes, investigated three male homosexuals who were over 50 years of age and found that the nuclear sex of each was male. Raboch and Nedoma examined six of nine cases with hypoplastic tubes out of a group of 174 males and 32 others of a group selected at random. All were rated "6" or "5" on the Kinsey scale and all of these men showed a male nuclear pattern in buccal smears.

Perloff has reported that "Estrogenic substances administered to homosexual females do not alter either the sexual drive or sex object. Large doses of estrogens administered to male homosexuals occasionally reduce their sexual drive, but do not influence the sex object." Perloff notes: "These observations lead one to believe that steroid hormones of the estrogenic and androgenic types have nothing to do with the choice of sex object and, therefore, with the determination of homosexuality."

Gentile, Lagerholm, and Lodin did cytological examinations of cell nuclei with "sex bodies" in smears from the oral mucosa of 50 homosexual male volunteers from a homophile society in Stockholm and compared these specimen with smears from 15 heterosexual males and 5 heterosexual females. From 400 to 600 cells were counted for each subject. These researchers reported: "No significant 'chromosomal sex' difference was found between homosexual and heterosexual males."

Slater reports that chromosomal sex studies of six exclusively homosexual males revealed that, in every case, the chromosomal sex was male. Also in this article, Slater posits a theory about a chromosomal anomaly such as might be associated with late maternal age to help to explain the etiology of homosexuality. He noticed that on the basis of a study of 401 consecutive admissions of males diagnosed as homosexuals, "As might have been expected from the data on birth order, the homosexuals show a shift from the standard of the general population towards the distribution shown by mongols." However, an alternative hypothesis in this case would have to do with the effects on the social relationship, leisure time, economics, and the "generation gap" of late maternal and paternal age and psychological distance from the child. Syblings might also be much older than usual. These environmental factors brought on by the fundamental fact of birth order might explain the etiology as well as Slater's theory on late maternal chromosomal anomalies.

As has been noted by Parr and Swyer, "The concept of male homosexuality as a form of constitutional deviation has given rise to a variety of somatic, anthropometric, and genetical studies directed to the discovery of physical correlates of the deviation. Particular attention has been paid to body build, hormone balance, and the structure of cell nuclei, but little work has been done on primary gonadal function in this connection." Thus,

Parr and Swyer sought to test the hypothesis that homosexuality is correlated with testicular inadequacy by running seminal analysis on each of 22 homosexual males ranked exclusively or nearly exclusively homosexual. When results were compared with findings on seminal analyses of 1,000 husbands complaining of infertility, the distributions of the two groups were not different significantly. For interpretation it is important to say that of the 22 homosexuals, 13 were in psychiatric treatment at the time, and that it is generally held that approximately one-third of all men register as subfertile to some degree. There was, what the researchers call "a conspicuous difference" between the 13 patients and the 9 normal homosexuals relative to subfertility ratings. The former homosexuals had ten subfertile members whereas the latter homosexuals had only two.

Based on his study of 10 homosexual males and 10 non-homosexual males, Margolese concludes that there appears to be a relationship between the balance of two male hormones (androsterone and etiocholanolone) and homosexuality. Margolese reports that, in the non-homosexuals, the androsterone is greater than etiocholanolone and that the reverse is true in the homosexuals. He acknowledges, however, that his conclusions are very tentative.

Kolodny and his associates tested 30 male homosexual students between the ages of 18 and 24. They were compared with a control group of their heterosexual peers. Physical examinations and buccal smears gave normal results. Plasma testosterone levels, however, were significantly below the control of 689 ± 26 (mean $\pm$ S.E.M.) ng per 100 ml for groups of homosexuals either exclusively or almost exclusively homosexual: 372 ± 22 (mean $\pm$ S.E.M.) and 264 ± 15 (mean $\pm$ S.E.M.) ng per 100 ml for the two groups, respectively (p less than 0.01). The analysis of variance showed a significant difference in sperm counts in terms of the Kinsey ratings (p less than 0.01). The correlation of sperm counts and plasma testosterone concentrations showed $r = 0.713$, p less than 0.001. Kolodny and his associates acknowledge that their evidence of endocrine dysfunction is difficult to explain and that: "Whether the defect is testicular, pituitary, or hypothalamic awaits further investigation." They also acknowledge that their study does not suggest that there are endocrine abnormalities in the great majority of homosexuals.

Having reviewed the literature on the so-called constitutional or physiologic causes of homosexuality, it may be concluded that, as Willis writes: "After reviewing all the reports, the only conclusion possible was that positive evidence of a physical nature that might serve *sine qua non* as an indicator of homosexuality was absolutely nonexistent." What has been reported on the hormonal basis of homosexuality is well summarized in the words of Money (1961): "The direction or content of erotic inclination in the human species is not controlled by the sex hormones. Hormonally speaking, the sex drive is neither male nor female but undifferentiated — an urge for warmth and sensation of close body contact and genital proximity." Accord-

ing to Auerback (Cantor): "No biological basis for homosexuality has been found. Hormonal studies, even of extremely effeminate men, have shown no variations from normal. There are no measurable physical characteristics to differentiate the homosexual from the heterosexual." A fundamental point of such conclusions is well-phrased by Clinard:

Biology is of little relevance, however, to the social or symbolic behavior of man. There are no physical functions or structures, no combination of genes, and no glandular secretions which contain within themselves the power to direct, guide, or determine the type, form, and course of the social behavior of human beings. Physical structures or properties set physical limits on the activities of persons, but whether such structures will set social limits depends on the way in which cultures or subcultures symbolize or interpret these physical properties.

And even beyond the cultural and subcultural meanings, one must acknowledge that human behavior is further influenced by what it is that is made of that meaning by the individual.

The Medical Heritage

In spite of the lack of evidence for a biological or physical cause of homosexuality, however, public policy, attitudes, and practice and professional treatment programs have rested upon the assumption of the existence of such evidence. The general public has become familiar with the notion that there is supposed to be something biological or physical about homosexuality. Unfortunately, the public -- including both heterosexual and homosexual members thereof -- has learned therefore to think in terms of homosexuality's being a "sickness" and the metaphor carries over into the notion that one consults a medically-trained professional when one is "sick" with homosexuality. The notion that homosexuality is an illness is one of those things that "everybody knows;" the sickness of the orientation is taken for granted throughout American society.

These opinions probably are derived largely from psychoanalytic and psychiatric ideas which the public has received over the years in mixed quality via a number of media. Thus, in order to understand what is meant and what might be meant by such a phrase as "Homosexuals are sick" one must turn to those sources which have been dominated by medical orientations and models. Psychoanalysts and psychiatrists have over-sold the public on the idea of "mental illness" in general. They have done this in their legitimate efforts at overcoming previous public prejudices which resulted in the incarceration, first in dungeons and then in asylums, of those who behaved (or did not "behave") *strangely*.

What seems to be a result of a convincing campaign to establish the notion that homosexuality is an "illness" as opposed to simply "sin" was begun in the latter part of the 19th century. The Hungarian physician, Benkert, coined the term "homosexual" in 1869. Also in that year, Westphal proposed the term "counter sexual feeling" to denote the same orientation. Five years

before, Ulrichs had suggested the term, "uranismus." In his efforts against the persecution of homosexuals, he coined the term, "the third sex" – an implication of endogenous differentness as contrasted to the first (male) or the second (female) sex. About the same time, Charcot coined the word "inversion."

No matter how unsatisfactory these terms may appear to be today, at least they were terms which were devised to give a name to that which often "did not dare to speak its name." Homosexuality had long been known as the "unspeakable crime" and as "a sin so horrible that it should not be put into words by Christians." In fact, the vague word "heresy" was made to do double work, i.e., to stand for either religious or sexual deviation. The legal sentence for either was death.

In the retreating shadows of unenlightened prejudice and persecution which preceded the growing light of scientific study in the latter part of the last century, it is to be understood that the new directions were sought and achieved in terms of the new science of medicine. Faulty heredity was seen as the cause of homosexuality. Thus, they spoke of "the third sex" or of a "female brain in a male body." However, in 1905, it was another physician – Freud – who, while acknowledging with his fellow doctors that "There is indeed something innate lying behind the perversions," added with his pioneering eye on the environmental and developmental variables: "but that is something that is innate in everyone, though as a disposition it may vary in its intensity and may be increased by the influence of actual life."

Briefly, it was Freud's idea that homosexuality resulted from a failure to grow out of the Oedipal period during which the young male, if he were going to reach the expected heterosexuality of adulthood, had to overcome his unconscious libidinal attraction to his mother and his unconscious competition with his father for the affection of the mother. The Oedipal period is usually terminated during puberty, when, according to Freud's theory, the castration complex (in which the boy fears that his jealous father will genitally injure him) calls forth the required withdrawal from the mother and – with the basis for his fears of the father removed thusly – he no longer needs to be hostile toward his father and in fact can identify with him. In spite of this interpretation, Freud also wrote in his classic **THREE ESSAYS ON THE THEORY OF SEXUALITY**: "Inversion is found in people who exhibit no other serious deviations from the normal. It is similarly found in people whose efficiency is unimpaired, and who are indeed distinguished by specially high intellectual development and ethical culture."

One of the more unusually fascinating of Freud's statements on homosexuality (particularly in view of the emphasis which American psychoanalysis after him placed upon a frequently unacknowledged presupposition about homosexuality's being an illness) was written in a letter to an anonymous American mother on April 9, 1935. The first paragraph of that letter is as follows:

I gather from your letter that your son is a homosexual. I am most impressed by the fact that you do not mention this term yourself in your information about him. May I question you, why do you avoid it? Homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness; we consider it to be a variation of the sexual function produced by a certain arrest of sexual development. Many highly respectable individuals of ancient and modern times have been homosexuals, several of the greatest men among them (Plato, Michelangelo, Leonardo da Vinci, etc.) It is a great injustice to persecute homosexuality as a crime, and cruelty too. If you do not believe me, read the books of Havelock Ellis.

Thus, it is clear that Freud himself -- even four years before his death -- did not regard homosexuality as an illness. Neither he nor any other physician or psychoanalyst has ever found a demonstrable associated brain lesion to be an absolutely indispensable condition of any so-called "mentally ill" person so designated because of the "character disorder" (a term derived from religion and ethics) or "anti-social" or "sociopathic" disorders (terms reflective of custom, law, or manners) identified as homosexuality. As Wiedeman puts it: "The analytic literature does not disclose any single genetic or structural pattern that would apply to all or even a major part of cases of inversion." Yet it appears from a review of the medical and psychiatric literature that many, if not most, of American psychiatrists and psychoanalysts today do apply their medical models and terms of "sickness" or "pathology" to adult homosexuality per se.

Contemporary Psychiatric Literature

There is much in the psychiatric and psychoanalytic literature on homosexuality which suggests anatomical confusion and a man's fear of castration by the woman as an etiologically significant factor. Fenichel, for example, had spoken of the significance of castration fears as follows: "The female genitals, through the connection of castration anxiety with old oral anxieties, may be perceived as a castrating instrument capable of biting or tearing off the penis." However, since fellatio is one of the most frequently enjoyed homosexual acts, a reasonable doubt is raised about a theory purporting a common anxiety of an imagined "teeth-lined vagina" and an absence of fear -- indeed, a desire for -- a very real teeth-lined mouth quite apparently capable of "biting or tearing off the penis." Since anal intercourse is another act often practiced by many homosexuals, reasonable doubt is raised again about a theory which fails to appreciate the basic anatomical similarity between the male and the female rectum and beyond that to the similarities between vagina and rectum.

In his NEW INTRODUCTORY LECTURES ON PSYCHOANALYSIS, Freud had said that, "After weaning has taken place the penis inherits something from the nipple of the mother's breast." Fairbairn thus states: . . . the substitution of the penis for the breast [of the mother] provides the

essential basis of male homosexuality." He carries it further by saying that "the origin of female sexuality (sic) lies in a substitution of the clitoris for the breast." If it is the female breast which is really prized, why is it rejected and a rather feeble substitute sought (the penis in the case of the male homosexual)? In the case of the lesbian, is not the breast of the partner more like that prototypical breast of the mother than is the partner's clitoris?

Such are the psychoanalytic concepts from which the medical or the psychiatric viewpoints have evolved. That these roots are not especially medical in content (i.e., no factors of physical lesions, biochemistry, and other organic properties) should be no more surprising than the fact that the current medical or psychiatric literature is not any more so. On the contrary, what is to be noted in the following examples culled from the medical and psychiatric literature is that the viewpoints herein expressed have much more to do with social custom than with demonstrable physical ailment.

For example, Hadden states: "As a practicing psychiatrist, I regard homosexuality as an illness." He cites for support the claims that "any standard textbook on psychiatry" presents homosexuality "as an illness or abnormality," and "In any psychiatric journal and in the classification of emotionally disturbed states, [one] will find homosexuality regarded as an illness." One questioner asked Hadden: "From what medical concept do we get the judgment that homosexuality is pathological? Leaving out the social, legal, and moral pressures, is there evidence that homosexuality can be thought of as pathological?" Hadden replied: "When you leave out all social, moral, and other pressures you are creating an unrealistic state, because none of us lives without cultural, moral, and social pressures. They are always there, they always will be. I regard homosexuality as essentially a symptom of an overall pattern of maladjustment." Disregarding the core of the questioner's objection to the medically pathological classification of homosexuality, Hadden continued: "I do feel that by an overall acceptance of homosexuality we make it easy [lessening or eliminating the disease!] for the homosexual. Rather, we should continue our efforts to bring an end to homosexuality just as we are endeavoring to bring an end to other medical disorders." Hadden called this: "the objective of medicine" and said that "as a physician" he could settle for nothing less: "I want to see all disease terminated." He urged homosexuals to band together to try to eradicate homosexuality "just as in the case of those persons who have joined together in associations such as the American Cancer Society." He admitted even "missionary" zeal in holding to his position that homosexuality is a disease. At no point during the discussion did Hadden refer to any evidence which would indicate any basis for his remarks in other than terms of definition, semantics, and tradition. He presented no biological, chemical, anatomical, hereditary, genetic, or other specifically medical evidence as he would be expected to do in speaking of any typical medical problems with which physicians deal. His entire case for the classification of homosexuality

as "disease" or "illness" was that, without acknowledging it as an assumption, he assumed that homosexuality is a disease and used his prestige as a medical doctor to assert that homosexuality is a disease.

Another typical example of this sort of "medical" opinion is that which is found in *HOMOSEXUALITY: A REPORT BY THE COMMITTEE ON PUBLIC HEALTH OF THE NEW YORK ACADEMY OF MEDICINE*. The Committee states: "Homosexuality is indeed an illness, . . . homosexuality fulfills all the requirements to place it in the category of illness. In a strict sense it is a symptom of illness." Nowhere, though, are the categorical "requirements" of "illness" mentioned or even suggested in the report. The report simply labels the homosexual person "an emotionally immature individual" and proceeds simply to state and describe that such a person "has not acquired a normal capacity to develop satisfying heterosexual relationships." Without reference to a single study and without elaboration upon or argumentation supporting the designations assigned, the Committee, "as a medical body," says what it concludes by reiterating its assumption: "Homosexuality is an illness."

One psychiatrist who does admit to the fact that the ascription of "illness" to all homosexuality in adulthood is an assumption is Bieber (1962). After stating that, "The view that homosexuality is a disease originated in the organic approach characteristic of the nineteenth century," and after acknowledging that Krafft-Ebing "attributed it to 'hereditary neuropathic degeneration,' without demonstrable degenerative pathology in the central nervous system," Bieber denounces even the most contemporary testimony for an organic base with the words: "reliance upon genetic or constitutional determinants to account for the homosexual adaptation is ill founded." Nevertheless, Bieber yet retains the nineteenth century assumption that homosexuality is a disease. Finally, and not too accurately, he writes: "All psychoanalytic theories assume that adult homosexuality is psychopathologic." The other side of this coin of presupposition is also given by Bieber himself when he says: "We assume that heterosexuality is the biologic norm and that unless interfered with all individuals are heterosexual." The admission of an assumption at this point underscores the fact that there is no empirical evidence to substantiate even the dynamics of heterosexual orientation, let alone homosexual orientation.

In their efforts at proving their point about homosexuality's being a disease, many psychoanalysts and psychiatrists engage in arguments which, except for the fact that their assumptions preclude it, could just as logically conclude that the capacity for homosexuality is inborn, for their terms, parameters, and definitions would allow this. The argument of Bieber and his associates is an example of this. They cite Ford and Beach as confusing "capacity" and "tendency" for homosexual response and note that the former is a neutral term connoting "potentiality" but that the latter "implies the probability of action in a specific direction." However, granting then that as they admit, "In our view, the human has a capacity for homo-

sexuality but a tendency toward heterosexuality," and that "The capacity for responsivity to heterosexual excitation is inborn," and that "Courtship behavior and copulatory technique is learned," how is it -- except by pre-supposition -- that Bieber and associates make the obvious non sequitur: "Homosexuality, on the other hand, is acquired and discovered as a circum-ventive adaptation for coping with fear of heterosexuality.?" In their own terms and on the basis of their own definitions, they could, but do not, say: "The capacity for responsivity to homosexual excitation is inborn."

Bergler, another psychiatrist, repeatedly stated that "categorically" there were "no healthy homosexuals;" (1959) nor would there be, "even if the outer world left them in peace" (1948). He said (1959): "The homosexual believes it [homosexuality] is a way of life. In objective reality, he is a diseased person. He just won't admit to that." When asked, "How is he diseased?" Bergler answered:

He is diseased in his personality. The main trouble in homosexuality is a personality distortion. . . . In other words, if you meet a homosexual and look at him under the analytic microscope, you find a peculiar distortion of the personality which consists of the fact that basically this person is what we call an injustice collector.

Whatever Bergler, the physician, meant by a "diseased personality" and by "the analytic microscope" notwithstanding, it is immediately clear that he was unprepared to offer any evidence for his position which would have been based in any sense on demonstrable tissue lesion or organic pathology. His new words for what the others talk about in non-organic terms are "injustice collecting." What he said about homosexuals, he always applied to all homosexuals. He even said that "Every homosexual is . . . consequently a psychic masochist." (1956).

Bergler claimed to have psychoanalyzed "nearly one thousand homosexuals" during his career. He said that these patients "provide a large cross-section and experiences gathered from them carry some weight." Statistically, however, even if he had interviewed two or three thousand homosexuals, without a guarantee that he was tapping a genuinely random sample of all homosexuals (still an impossible task) he could not truthfully extrapolate from his clinical observations to all homosexuals. Nevertheless, this is just what he did. That he certainly was not interviewing a "typical" cross-section of homosexuals is to be seen in the fact that these "one thousand homosexuals" were limited to those whom he had screened with problems so severe and motivation for "cure" so powerful that they either willingly sought or were sent to seek out expensive therapy and continued with it for several sessions a week over many months or years. It must be granted that Bergler was treating troubled people -- "sick" or "diseased" to use his medical terminology -- but a fact which he always overlooked was that presumably his heterosexual patients were also troubled ("sick" or "diseased"), yet it is to be noted that he never projected all characteristics

of his heterosexual patients to the entire heterosexual population as he did project all characteristics which he perceived in his homosexual patients to the entire homosexual population. Neither did he ever conclude that because some of his patients were heterosexual, their problems were their heterosexual desires and such had to be abolished. He did just that in the cases of patients who happened to have homosexual desires.

That persons who are in analysis are not typical of persons outside analysis has been demonstrated repeatedly. For example, a survey of 144 analysts showed that the typical patient is a prosperous, white professional man in his thirties. He is likely to be Jewish. There is a fifty-fifty chance that he has completed postgraduate training (Weintraub and Aronson, 1968). Schofield found that homosexual patients in psychotherapy and heterosexual patients in psychotherapy have much more in common with each other than do homosexual patients with homosexual persons who are not patients or than do heterosexual patients with heterosexuals who are not patients. The common variable is patient-status, not sexual orientation. Patients, by definition, are troubled people seeking help. Surely it cannot be assumed that patients are better adjusted than those who are not patients, although this has sometimes been believed to be true. Canipbell has concluded from his studies of the results of counseling, that there was "clear rebuttal of the position that those seeking counseling are better adjusted."

Cappon writes on homosexuality from his experience as a "physician in psychological medicine." Not only does he acknowledge that there is "no incontrovertible evidence of an organic, physical, or hereditary factor in its [homosexuality's] causality," but he also states that "there is clear evidence of causes in the social and psychological realms." Nonetheless, Cappon uses the same medical vocabulary and models as do his colleagues who share his belief that homosexuality is what he calls a pathological symptom of "illness," "disease," and a "malignant malady."

Since Cappon notes that "Not all persons who behave homosexually present themselves as patients, are brought for guidance, or are apprehended," and that "we do not know sufficiently what characteristics distinguish those H persons who remain undetected, or uncomplained of, from those who present homosexual problems," he reasons that "once again we need to hypothesize." On the one hand, he acknowledges that (1) "one can speak with more certain knowledge, only of those persons who present themselves more or less frankly with a homosexual problem," and (2) that the psychiatrist "can learn about" the non-patient homosexual "only second hand," and further, that (3) "There are not enough epidemiological studies to indicate what proportion of H persons actually become patients, or what proportion remains anonymous and undetected their whole lives," and even that (4) "It may be a minority who present a frank problem in homosexuality." On the other hand, however, he writes: "It is difficult to imagine that the majority of these persons never become patients. One would think they would succumb to the psychological and psychosomatic effects of their sexual deviance." Again, he declares: "It is almost impossible to believe that

such a person will escape the patient status." This apparently justifies his rather interchangeable use of the terms "H person" and "H patient" throughout his book.

He points out that psychiatrists admit that homosexuals whom they do see in clinical practice have "quite likely . . . had a long history perhaps since early childhood, of acting out their deviance" and that they "very likely" live "within the protective confines of a small, esoteric, social group which tolerates homosexual behavior" and rate as more or less exclusively homosexual ("5" or "6" on the Kinsey scale). Yet, if these psychiatrists' own assessments are accurate, it follows that most persons who rank at the higher end of the Kinsey scale ("5" or "6") are never seen by the therapists. Kinsey reported that a minority fluctuates in the "occasional" or "incidental" ("1" or "2") brackets of homosexual experience. These few would be the "best bets" for treatment leading to "cure" since they have received most of their sexual pleasure heterosexually, even before seeing the doctor, and as Cappon logically notes: "The more fluctuating the sex identification . . . the more conflict and therefore stress" and "the greater the emotional stress and conflict, the higher the motivation and the better the chance of cure. The more fixed the H pattern, as in the exclusively H person, the less likely the cure."

Considering these observations together with the fact that those persons who are not overwhelmingly troubled by their homosexuality or who are not wealthy will not seek out a psychoanalyst at 40 or 50 dollars an hour, a number of times a week, over several years – with no promise of "cure" – , one is left with the impression that what can be learned from a psychiatrist or analyst about the average homosexual is little, if anything.

From his clinical experience, Cappon presents a number of characteristics of homosexual "males" or "persons" – i.e., not always designated "patients," which are flatly contradictory or otherwise meaningless, he finds that the homosexual has a "preoccupation with physique" and seeks out "muscular and superior bodies." But he also says that the homosexual has a "disdain . . . for the muscular." He says that the homosexual has an "overawareness of sexuality and sensuousness" but further he notes that the homosexual does not prefer "sexually exciting qualities." Cappon says that the homosexual "is either pedantic, or sloppy ala bohemia." One may well wonder how Cappon, who admits that he received his knowledge of homosexuals from "patient-analyst" interviews, failed to see his mistake in characterizing the conversation of the homosexual in general by stating that "Usually it is personal . . . soul-bearing confessions, and interminable self-analysis are favorite topics. There is always the fascination with one-self, and explanations of motives." Indeed, Cappon enlarges on this by saying: "The H patient is morbidly interested in psychology and psychiatric books. He is forever looking for two things there: his real self and his lost self." Since the homosexual patient understands that these psychiatric sources call him "sick" and he is the one so maligned, why is it surprising

that he be so interested in such books? When the present reviewer surveyed fairly well-functioning homosexual students (non-patients) to identify major psychoanalytic and psychiatric writers of rather widely-distributed books on homosexuality, he found that they were unable to recognize the writers' names. The discontinuity of interest in psychology and psychiatric books between Cappon's patient sample and this author's non-patient sample may be explained in terms of patient-status and not homosexual-status.

The following quotation from Cappon is especially interesting and its meaningless stereotypes deserve particular comment. Cappon asserts: "The natural history of the H patient seems to be one of frigidity, impotence, broken personal relationships, psychosomatic disorders, alcoholism, paranoid psychosis (i.e., the mental illness of suspicion and persecution) and suicide." In view of the fact that Cappon is writing about homosexuals, frigidity and impotence, by definition, would be what one would tend to expect since Cappon assumes by these terms, heterosexual frigidity and impotence. One does not note a certain homosexual "frigidity" or "impotence" in the natural histories of heterosexuals. Overlooked here is the fact that many primarily homosexual persons are heterosexually-married and have been the natural fathers and mothers of many offspring. So far as "broken personal relationships" are concerned, it is very easy to understand why such would be the case in a society which is hostile to and repulsed by homosexuality. Elsewhere Cappon admits that "To the extent to which it [society] tolerates homosexuality, to that extent the external conflict, the shame, and the fear are less, so that stress is less." Excessive alcoholism can be seen as a common form of escape for persecuted and troubled people under terrific stress. Even the "paranoid" sometimes has real enemies and for Cappon to call the homosexual's suspicion of persecution "paranoic" -- in view of the legal, moral, and social condemnations which plague the homosexual -- is not unlike calling the members of the Anti-Defamation League of B'nai B'rith "paranoic" for knowing that there is such a thing as anti-Semitism. Suicide is a problem which is associated with a number of homosexual cases, but which, in view of the pressures under which homosexuals have to live, is somewhat understandable also. It need not be taken as a symptomatic characteristic of heterosexuality per se, however, that most suicides are heterosexual.

Almost parenthetically -- in the midst of his volume full of descriptive detail of the symptoms and characteristics which Cappon posits about homosexuals -- he adds to the bottom of a paragraph on "The Values of the H Patient," the following sentence: "Moreover, many of the preferences, interests, and values of H patients are shared with other patients, other persons, and humanity at large." Then, at the very end of this chapter, Cappon seemingly recognizes his contradictions and inconsistencies but simply says: "If, in perusing this chapter, the reader finds inconsistencies and flagrant contradictions, this is because human nature is itself contradictory." Contradictory as human nature may well be, such a disclaimer as is here used does not absolve him from his responsibility to present any medical evidence of valid and re-

liable characteristics or symptoms of the "disease" to which he addresses himself as a physician. It is no wonder that Cappon (the physician) must confine himself to social, legal, and moral arguments for as he himself admits: "Biochemical and hormonal studies have not demonstrated any differences between H persons and normal persons." Perhaps his real commitment is to be seen in his constant emphasis which Blank has called Cappon's "cloying piety." Evidence of this is to be found throughout Cappon's book in such statements as these: "The ethics of the H patient are distinctly peculiar. They are, in fact, as deviant as his sexual behavior," and "homosexuality, by definition, is not healthy or wholesome." He frankly reveals his non-medical starting point when he argues (in italics): "Even if specific behavior were to satisfy some criteria of some statistics sufficiently to call such behavior normative or average (for one population at one time), this does not mean that it is ideal or desirable (i.e., normal) behavior, and that it should form the standard on which to judge." Cappon continues: "To put this in general terms, what is (i.e., the statistical norm) is, perhaps, one standard for judging things, what ought to be (i.e., the normal) is another."

The rather strained lengths to which he goes to establish his moral point on the basis of other-than-medical considerations also prompts him in the following instance. It is beyond understanding how a medical doctor could cite Durant to the effect that one of the causes of a civilization's decay was "the weakening of the stock by a disorderly sexual life" and think that what Durant had in mind here was homosexuality. Not only does the term "stock" in such context refer to lineal consanguinity – a biological impossibility for homosexual activity – but there is not a word on homosexuality as such in Durant's volume to which Cappon refers.

What has been presented in the preceding pages on Bieber, Bergler, and Cappon is typical of much of the medical literature on homosexuality. It is not at all typical of medical literature on other subjects such as real illnesses. The medical or psychiatric literature on homosexuality is not really medical in content but it is "Medical" in sponsorship and in model. That which will next be presented is typical of the opinion of an increasing number of medically-trained therapists who nonetheless take a different view of homosexuality, i.e., they do not see it as "disease." This is also the view of an increasing number of other mental health professionals.

Newer Mental Health Vectors and Homosexuality

Perhaps it is in the nature of the experience of the medical profession in general and thus of psychiatric specialists in particular – with the heavy emphasis on the details of differential diagnosis and the tendency toward elaborate classification of illnesses and symptoms of illnesses – to be prone to considering a greater number of people less "healthy" than they would otherwise do. This may, in part, help to account for the medical labeling

of homosexuality as an "illness." Perhaps, too, since psychiatry is a branch of medicine, medical models and metaphors have simply been the most readily available when vocabulary or ways of looking at things were needed for conditions and behavioral patterns judged to be out of the ordinary or undesirable in some sense. The original limitations on terms and concepts have then been reinforced by the daily clinical experience of therapists. Marmor cautions (Cantor): "If the judgments of psychoanalysts about heterosexuals were based only on those they see as patients, would they not have the same skew impression of heterosexuals as a group?" This same psychiatrist writes elsewhere (1965): "the ordinary adult homosexual who does not wish or seek psychiatric help does not, simply because he is a homosexual, belong within the purview of the psychiatrist." DeSavitsch (Cantor), going beyond Marmor's statement, baldly states: "These people [well-adjusted homosexuals] should, in my opinion, keep as far as possible from the medical profession, except when suffering from appendicitis, pneumonia, or some organic ailment, the treatment of which will not upset their psychological balance." According to van den Haag (Cantor): "I find no reasons and no evidence to assume that homosexuals have a 'psychopathological' personality."

These statements by Marmor, DeSavitsch, and van den Haag are especially interesting in view of the fact that these men are practicing therapists whose own knowledge of homosexuals is largely derived from their many clinical hours with patients. In addition to such experience, however, they have an acquaintance with more cross-cultural and ethnographic material on homosexuality and have thereby avoided the errors of such other therapists as Bieber, Bergler, and Cappon.

Many therapists and counselors – including the present writer – have found that homosexual clients are not very typical of many persons who seek counseling and psychotherapy in other more general contexts. For example, the psychiatric research team of Curran and Parr made a careful study of 100 male homosexuals seen in psychiatric practice. Represented were 30 men who had gotten into trouble with the police, 25 men who were troubled about socially unacceptable behavior, and 45 with miscellaneous adjustment problems. Curran and Parr discovered that "on the whole" even these homosexuals in therapy were "successful and valuable members of society, quite unlike the popular conception of such persons as vicious, criminal, effete or depraved." Curran and Parr further found that the majority of homosexuals who came for treatment (for different reasons) "were considered to be free from gross personality disorder, neurosis, or psychosis during their adult lives." They point out that though they did find that 49 percent of these patients showed minimal types of psychiatric abnormalities, "many of these abnormalities were explicable as a reaction to the difficulties of being homosexual" within the larger society.

Even homosexual patients – not to mention non-patients – often do seem to manage their homosexually-related problems surprisingly well. In

the view of Hastings: "The homosexual patients whom I have seen in practice, . . . were living productive lives. Few of their friends, and in some instances not even their husbands or wives, were aware of the problem." The testimony of Willis is further psychiatric confirmation of this: "We are naive if we ignore the fact that many mature people with predominantly homosexual proclivities have excellent ego strength and fine character structure which permit them to respond to their life situations with an appropriate mobilization of their intellectual, social, and creative resources. They often constitute an accomplished and highly informed group within their particular subculture." Significantly, Willis reports that "These persons seldom present themselves specifically for treatment of their homosexuality."

In view of the tremendous stresses under which homosexuals are forced to live in this culture, it might even be said that homosexuals have displayed an unusual degree of strength and self-sufficiency in managing their identity and in coping with the many difficulties which they must endure. Furthermore, as Seidenberg notes, homosexuals are not only quite able to take care of themselves but many homosexuals must and do take care of others quite well. Those homosexuals who can withstand the destructive forces of an anti-homosexual society emerge unusually strong and self-sufficient.

Environmental Factors

Among the developmental or environmental theories on the etiology of homosexuality there is also contradiction in terms of theoretical constructs as well as empirical and clinical evidence.

On one hand, some clinicians hold that children reared in almost exclusively same-sex environments will become homosexual because they will acquire a comfortableness with these persons. Morrow and his associates report that their studies support previous findings concerning male homosexuals' having sibling sex ratios in excess of 121:100, brothers to sisters, whereas the ratios in general are not so extremely overloaded with same-sex siblings, i.e., 106:100. However, as they point out, this trend is also seen in the case of the average male college student. According to Pomeroy: "From ages 8 to 13, . . . males ally themselves with other males. This male alliance develops into gangs, and into friendships where mutual security is achieved. The male who fails to be taken into the male alliance will often emulate males who are in the alliance and this emulation will sometimes develop into a sexual interest."

On the other hand, some hold that children who are reared in almost exclusively opposite-sex environments will become homosexual after acquiring tastes and interests of these opposite-sex persons. Schilder calls this situation "the typical history of homosexuals." He states that, "when they were little boys, they were interested only in the things that women are interested in." Thompson (Ruitenbeek, 1963) notes that this over-representation of

the opposite sex in the environment of the pre-homosexual child can take on even more immediate proportions when the child has disappointed parents who bestow on him characteristics of the opposite sex, e.g. dressing him in girls' clothes and making available to him such toys as dolls. However, speaking of such explanations, she is careful to add: "none of these considerations invariably produces homosexuality in the adult."

On one hand, some suggest that if children have early homosexual experiences they may become fixated on these because they provide satisfaction and will thus become homosexuals. Bieber, for example, found that "most of the H-patients" which he and his associates studied "had participated in homosexual activity in pre-adolescence or in early adolescence in contrast to the C-patients [control] who began sexual activities later." Of Bieber's homosexual subjects, 35 percent were already aware of their homosexual interests by the time they were 10 years old and 80 percent of them were aware of such feelings by the time they were 16 (Wyden). Manosevitz's findings confirm Bieber's in this regard.

On the other hand, some hold that if children or adolescents have early heterosexual experience, they may be revolted by this because of trauma and will be driven into homosexuality. For example, according to Ellis (1965), "Because of strongly instilled antisexual prejudices, males and females in our society are often exceptionally inhibited when they do have heterosexual relations, and consequently they do not thoroughly enjoy these affairs." Ellis continues: "Some individuals in our society actually hate themselves for having heterosexual desires or engaging in normal coitus." It is argued that fears of pregnancy, cost and ritual of dating, a shortage of opposite-sex partners, and a wish to avoid emotional involvement are some reasons for a person's becoming homosexual. The fear of pregnancy has been reduced by the wide use of contraceptives, particularly "The Pill" and the newer and more efficient I.U.D.s. It may be doubted that there is a greater shortage of opposite-sex partners than there is a shortage of hospitable same-sex partners. Ellis makes much of what he calls "Factors related to anti-sexuality and puritanism" emphasizing that children are warned and threatened about the necessity of avoiding heterosexual sex but are not told to avoid homosexual sex. However, Ellis fails to say that anti-homosexuality may indeed be as strong – if not stronger – in our society as what he calls the "anti-heteroerotic." He states that "The main act, of course, which is ranted and raved against in our antisexual society is penile-vaginal copulation. But this is the one act which cannot possibly be performed homosexually." On the contrary, the penile-vaginal copulatory act is the only one which the dominant society and the religious establishment officially recognize as either legal, sacred, or "normal." Acts which can be carried out only homosexually are the ones which the society and religion view as illegal, sinful, and "abnormal."

On the basis of the clinical theories, either a "too close" or a "too distant" relationship with either mother or father is said to cause a child to become homosexual. As it is put by Brown, both "passive, weak, and ineffective" fathers and "abusive, hostile, rejecting, or indifferent" fathers can contribute to a son's becoming a homosexual. The Wydens report that it is usually found that the fathers of homosexual sons are "detached."

On the one hand, it is said that a child who is weakly attached to his same-sex parent may become a homosexual because he finds it too difficult to identify with his own sex. This is said to take place in both the cases where the father is completely absent. (e.g., permanently absent or dead) and where the father is more-or-less regularly away or in some other sense not close (e.g., psychologically) to the boy.

On the other hand, it is said that the father may be seen by the homosexually-developing boy as being too strong. The model of manhood then appears to the boy to be outside his grasp. What Schilder claims is found "almost invariably in cases of homosexuality" is the phenomenon of organ inferiority. He says that the homosexually developing male is in despair because he perceives that he "will never equal the father, never be as strong as the father and, in the more concrete way of childish thinking, never have as big a sex organ as the father has."

Ellis writes that in addition to a boy's feeling too detached or absent from his father and to his feeling sexually inferior to his father, a boy who is "attached to his father and who wants to keep the love of his father may symbolically offer himself as a homosexual object to this parent." Here, it is further said that the "child who is strongly attached to his same-sex parent may . . . become homosexual in an effort to have symbolic relations with . . . someone resembling" the parent. In fact, Ellis says that a "boy may be quite attached to his father, may resent all females who attract his father 'particularly if the father is [on the one hand] promiscuous or is [on the other hand] strongly attached to some female), and may therefore turn away from all females and become homosexual.'" Thus, either the youth's lack of love for his father or his love for his father is understood to be something which may lead to his homosexuality. Greenstein, however, has reported on his studies of 25 father-absent delinquents and 50 father-present delinquents and he shows that there was no significant difference between the two groups of boys and contrary to the developmental identification theory, a significant correlation was found between the degree of father closeness and the frequency of homosexual behavior in the son. Nash and Hayes divided their subjects according to "passives" and "actives" (also "active-passives") and concluded that the "passives" were closer to their mothers than to their fathers and that the reverse seemed to be the case with the so-called "actives." It is most important to note, though, that all subjects were homosexual.

On the one hand, some – including T. Bieber (Wyden) – hold that the son who is treated as a "sissy" by his father may well become a homosexual.

At the other end of the "masculinity" spectrum are those homosexuals who devote a tremendous amount of time and effort to becoming muscle-bound "he-men." It should be understood at this point that only a very few of the homosexual men are to be found who fit into either the so-called "sissy" or "pansy" stereotype or into the so-called "he-man" type. Most are physically undistinguishable from non-homosexuals. Some heterosexuals, of course, do fit a "he-man" or a "sissy" stereotype.

According to Ellis, "A child who has dislike for or hostility to his other-sex parent (or siblings) may, acquire a general dislike or antagonism toward all members of the other sex and may turn to fixed homosexuality." Ellis goes on to say: "The child who fears his other-sex parent may come to fear most members of the other sex and therefore retreat to homosexuality."

In addition to his dislike or fear of his mother, the boy who may become homosexual is said to be one who is perhaps ashamed of his mother's (or sister's) sexual promiscuity. He is said to turn therefore to homosexuality since this does not remind him of his mother's "shameful" ways. Interestingly, the boy is said to turn to homosexuality when his father also is promiscuous, as noted above. That the boy may most probably go directly to homosexual promiscuity seems to be overlooked.

On the contrary, with reference to the mother-son relationship, arguments are put forward which point to the alleged etiological significance of a strong attachment to her. This is one of the most widely held ideas in the general public. According to Ellis: "A young male who is strongly attached to his mother (or sisters) and who thinks that it is wrong for him to be incestuously involved, may react against all members of the other sex, view them in an incestuous light, and therefore become attracted to other males instead of to females." West concludes that homosexuals' relationships with their mothers were over-intense. Chang and Block note that homosexuals identify with mothers and not with fathers. McCord and his associates note a feminine identification in boys with absent fathers who therefore had to relate only to their mothers. Beck and Saul also report this kind of relationship. This view is shared by Socarides. O'Connor reports that the prototypical homosexual male is one who is exceedingly devoted to his mother. It should be noted carefully, however, that the kind of mother-son relationship which is in view here is a rather bizarre one which, in the words of Romm, a proponent of the theory, can be described thusly:

If the mother over-indulges or eroticizes her son by physical contact, such as by taking him into her bed with her and fondling him, kissing him on the lips or body, or if she tells him that he is her reason for living, she may create in him an inordinate tie-up of his sexuality with her. This can remain with him on a permanent basis, so that in his adult life he is incapable of transferring his love from mother to a woman who could become his mate.

Probably, such an extreme relationship is rather rare. At any rate, there are simply too many homosexuals for whom this argument can assume little if

any relevance. Also, there are studies which do not support this theory. For example, Bene compared 84 married men assumed to be heterosexual with 83 self-acknowledged homosexual men and on the basis of the Bene-Anthony Family Relations Test, she reports that there was no evidence of the homosexuals' having had overly indulgent mothers. Krieger and Worchel report that Q-sorts of three groups of ten subjects failed to support the theory that homosexual males identify more closely with their mothers than do others. According to Hooker (1969), the literature on parental relations and the etiological factors in homosexuality leaves much yet to be clarified for there is simply too little agreement and too much conflicting or poorly defined data.

In addition to "seduction" by the mother or by the father, it has been suggested also that "seduction" by older persons outside the family can cause a young boy to become homosexual. As put by a reporter for the NEW YORK SUNDAY NEWS: "Under the rocky surface of our so-called civilized society, there is another kind of violence that is spreading like a cancer. Its potential victims are innocent children - perhaps yours, perhaps mine." Popular magazines carry articles entitled: "What Your Child Must Know About Homosexuals" and "Before Sending Them To Summer Camp, Here's How to Warn Your Kids About Homosexuals," which speak of the alleged dangers of homosexual "seduction."

It is interesting to note an inconsistency in society's fears of the so-called "seduction" of boys as over against that of girls. Curiously, society warns against a young girl's sexual encounter with an older man for fear the experience will discourage later heterosexual activity while it warns against a young boy's sexual encounter with an older man for fear the experience will encourage later homosexual activity. These fears obviously say more about the anxious society than they do about the actual outcomes of such sexual encounters.

Bender and Blau long ago discovered that their longitudinal studies showed that the real effects of man-boy sexual relations included a satisfactory heterosexual development in every case, even though many of these boys were the seducers. Friedenberg reports that man-boy relationships are notably missing in the sexual histories of adult homosexuals. Loney found that in regard to samples of "normal" homosexuals, "they were hardly ever 'seduced' by an older, presumably more experienced, partner. On the contrary, the most common initial occurrence reported by the Ss was their own advances to older partners."

According to Pomeroy, "It is also not clear as to whether early seduction is a cause of homosexuality. Seduction may be a triggering mechanism for homosexual development, but the child must somehow be ready in order for the seduction to take hold. There are too many boys who have been seduced by older males who have not developed homosexually to make the act of seduction a very important cause." Since, according to the Kinsey re-

search (1948), 29.4 percent of 12 year olds engage in sex play with other males but only 13 percent become predominantly homosexual for at least three years after age 16 and only 4 percent become exclusively homosexual, what Pomeroy says can be well understood. Kinsey found that "on the whole, homosexual play was found in more histories, occurred more frequently, and became more specific than preadolescent heterosexual play." Kinsey said: "The anatomy and functional capacities of male genitalia interest the younger boy to a degree that is not appreciated by the older males who have become heterosexually conditioned and who are continuously on the defensive against reactions which might be interpreted as homosexual."

According to Schofield: "There seems to be little doubt that homosexual seduction does not have the traumatic effect that was once feared." Throughout his study of homosexuals in clinics, in prisons, and in the general non-penal and non-clinic society, Schofield found repeatedly that no more than 4 percent of his subjects' childhood sex partners were known to have become adult homosexuals. This, of course, is compatible with the Kinsey findings on the numbers of male homosexuals in the adult population.

One of the facts which is overlooked in discussion of "seduction" effects, although it is recalled when discussion centers on the causal significance of unpleasant heterosexual experiences for homosexual adaptation, is that – as indicated by Churchill – "early experiences with an unsympathetic or obnoxious person may bring about avoidance of such experiences in the future." This same psychiatrist continues with a most important point:

Adolescent boys who accept a primary homosexual contact with someone of their own age or with an older man usually do so because they have already fantasized such a contact or directly seek it out. In other words, such youths have already acquired a tendency toward homosexuality. Other youths, not so predisposed by earlier conditioning, tend to avoid homosexual contacts because they have no interest in them and because they have learned that homosexual relations are taboo. . . . It would appear that the myth of 'corruption' is circulated by those who do not wish to face the fact that many young males are predisposed to respond positively to homosexual contacts, and even to seek them out.

After reviewing thousands of reports on such matters in England, Cohen also makes much the same point and adds: "It would not be true to say that the majority of boys or girls involved in the reported incidents are innocent victims."

Trimbos (SEXOLOGY, March, 1965) reports the studies of Tolsma in Holland in 1957. He states: "He questioned 133 men whose records showed that, between the ages of 7 and 16, they had been seduced into

homosexual contact by adults. All but 8 of these later married and led quite normal lives. The small percentage that did become homosexual does not differ greatly from the percentage in the general male population. Similar observations are reported by van den Haag.

Scrignar points out, that unless parents or other adults over-emphasize incidents of childhood sexual experiences even with adults, such incidents will not have tragic repercussions. Bender and Blau concluded that the only guilt feelings which the boys displayed were instigated by anxious adults who disapproved of the sexual contacts. Damage was done, they concluded, when the boy was forced to stop seeing the adult. Nobody has written more extensively on the "BL" relationship (boy love) than has a priest who writes under the pseudonym of "Eglinton." He agrees with the conclusions of Bender and Blau when he says that their "remark [about the damage done] holds also for every other instance known to me where such a relationship was forcibly disrupted."

Conclusions on the Etiological Literature

There are many theories on the etiology of homosexuality. None is universally applicable. The theories are contradictory, incomplete, and based on inadequate samples of patients examined and interpreted by clinicians from different schools of thought without the control of standard definitions and procedures. What they purport to describe can be taken in many ways. There is hardly a condition or interpersonal relationship which has not been blamed for homosexuality. One sees homosexuals who "should" have been heterosexuals and heterosexuals who "should" have been homosexuals -- if the theories are to be believed. What Poole concluded after surveying the literature on etiological theories of female homosexuality can be concluded also of male homosexuality: "The existing theories are surveyed and considered inadequate inasmuch as they fail to account for many aspects of the homosexual performance and are plagued by semantic confusion and social bias." Having assumed the abnormality of what they perceived to be "strange" sexual expression, some clinicians and the public continue to address their disappointment by trying to explain homosexuality in terms of pathology. They ignore the evidence from cross-cultural and cross-species investigation and fail to see the homosexuality as a common variety of the ambisexuality in all mammals. Having assumed the normality of their own heterosexuality, clinicians and the public have not raised the question of the etiology of heterosexuality. This fact does not mean that they know any more about the etiology of heterosexuality than they know about the etiology of homosexuality.

After reviewing the literature on the various theories on the causes of homosexuality, it seems that one can improve little upon the summary statement of the Kinsey research team of several years ago:

The data indicate that the factors leading to homosexual behavior are: (1) the basic physiological capacity of every mammal to respond to any sufficient stimulus; (2) the accident which leads an individual into his or her first sexual experience with a person of the same sex; (3) the conditioning effects of such experience; and (4) the indirect but powerful conditioning which the opinions of other persons and the social codes may have on an individual's decision to accept or reject this type of sexual contact.

Summarizing the etiological literature a decade later, Money (Winokur) concluded:

Chromosomes, gonads, hormones, genital morphology and body image, sex assignment, gender identity, psychosexual neutrality and differentiation, imprinting, family and cultural pattern – these and more factors in the genesis of homosexuality have been passed in review. One arrives at the conclusion that the final common pathway for the establishment of a person's gender identity and, hence, his erotic arousal pattern, whatever the secondary and antecedent determinants, is in the brain. There it is established as a neurocognitive function. The process takes place primarily after birth, and the basic fundamentals are completed before puberty. The principles whereby all this happens await elucidation.

When more data are in it may well be that it will become clearer just how, in our society, a man or woman becomes predominantly or exclusively either heterosexual or homosexual, given primary biological capacities or predispositions. Perhaps it will be seen that not only are there some truth kernels in foregoing descriptions of factors leading to homosexuality but these can give clues to factors leading to heterosexuality. In any particular case, however, it is important to remember that the individual's perceptions of these factors are certainly as important as the factors themselves and that even after the identification of such factors it would be impractical, if not impossible, to monitor so complex an array of etiological factors. Further, the expectations of the dominant society, and therefore the pre-homosexuals' also, must begin to be altered to take more seriously the fact of the natural phenomenon of homosexual behavior among all mammals. Only then will we be in a position to view sexuality in more realistic and workable terms.

PART II: THE TREATMENT LITERATURE

In view of the conflicting theories and confusion on the etiology of homosexuality, and in view of the fact that there is disagreement over whether or not homosexuality as such is a "disease," it is understandable that there is contradictory literature on treatment goals, procedures, and prognoses for attempted "cures."

The Patient Samples

One must bear in mind that what is reported by therapists in terms of the treatment for homosexuality is based upon their contact with persons seen as patients who present homosexual "symptoms" as problems. As has been observed by Marmor, van den Haag, and others and noted above: therapists see only "troubled" homosexuals in their clinical practice and they draw their conclusions about all homosexuals from these relatively few cases. Weinberg (1970) reports: "... none of my psychoanalyst acquaintances had homosexuals as intimate friends," and it seems as though this could be said of therapists who hold to the "sickness" theory on homosexuality. Indeed, it is difficult to understand a therapist's subscribing to the "sickness" theory if he or she has had much social interaction with non-patient homosexuals. It is not difficult to understand that a therapist could gain the impression that all homosexuals are disturbed if his or her only contact with a homosexual was in the practice of psychotherapy.

Hatterer (1970), who, according to Ovesey, "has probably treated more homosexuals than any other American psychiatrist," writes: "Most homosexuals in therapy are educated, middle-class men who are disturbed by their homosexuality and can afford psychiatric treatment - in other words, they are hardly 'typical' homosexuals." Hatterer states further: "Most of the patients seen in this study [are from] the disguised group, such as bisexuals, closet queens, and married males who regularly practice homosexuality." (The study to which he refers is his report on his treatment of his patients.) Hatterer adds that only a few of his patients were "homophilic" or members of gay organizations.

Not only do very few people in general ever see psychoanalysts (Cf. e.g., *TIME*, March 7, 1969, p. 68), but the number of homosexuals or persons with homosexual problems seeking such help is even smaller. As noted by Nedoma, "the majority of homosexuals do not feel their sexual aberration is a disease" or if they do they are not getting therapy. Nedoma says that most homosexuals who do seek psychotherapy understandably are emotionally troubled.

Goals of Treatment

"Most homosexuals who come to the psychiatrist," Ovesey asserts, "state unequivocally that they wish to become heterosexual." Such an initial request, made at a point at which the patient is feeling particularly disturbed or anxious about his situation, must be interpreted with this context in mind. According to several observers, only a relatively few homosexuals in general wish to change their sexual orientation. Gebhard found in a study of 480 homosexuals in Chicago that a majority stated that if presented with the opportunity to change to heterosexuality by simply taking a magic pill, they would refuse (THE CHICAGO SUN TIMES, April 21, 1969). In a study reported in MODERN MEDICINE (April, 1969, p. 20), it was learned that only one in four female homosexuals interviewed wanted to become heterosexual. It is important to take note of the fact that these two studies were completed before the impact of the newer Gay Pride movement. As might be expected, it is frequently the confirmed homosexual who does not wish a "cure" (Cf. e.g., Allen) and when such persons do enter a treatment program, they are significantly more often likely to discontinue than are the less exclusively homosexual (Cf. e.g., Woodward).

Hatterer states that the homosexual who "states wish and need to be heterosexual, . . . has practiced abstinence or tried to abstain from homosexuality for short or long periods," and rates a Kinsey "1," "2," or "3" is more treatable than the one who "denies all conscious interest in any treatment for homosexuality, . . . travels exclusively in homosexual society," and rates a Kinsey "5" or "6." These motivational factors are stressed by Hooker and the National Institute of Mental Health Task Force on Homosexuality:

With respect to change in homosexual orientation, the current literature suggests that perhaps one-fifth of those exclusively homosexual individuals who present themselves for treatment are enabled to achieve some heterosexual interests and competence if they are motivated to do so; that a much higher percentage (perhaps 50%) of predominantly homosexual persons having some heterosexual orientation and who present themselves for treatment can be helped to become predominantly heterosexual; but that in court-referred or parent-referred cases where motivation to change is often lacking and cannot be engendered, treatment is much less successful.

Even these rather dismal chances for "cure" are based upon the reports of the therapists themselves, without the benefit of independent verification and follow-up.

Ovesey states: "Most of the homosexuals who seek treatment fall in the favorable [prognosis] category - some more, some less." That is, they present (1) "Strong motivation," (2) "Strong ego strength," (3) "Masculine sexual identification," (4) "Heterosexual social identification," (5) "Low degree of homosexual consolidation," and (6) "High degree of heterosexual integrity," (i.e., "attracted to women sexually"). With such qualifications,

one might wonder what the "cure" rates represent. These qualifications are commonly accepted among those therapists who attempt to change their patients' sexual orientations.

For homosexual patients to spend the required thousands of dollars (Cf. Wilbur) for such treatment (without specific guarantee of even palliation to say nothing of "cure") is indicative of these homosexuals' tremendous difficulty with their homosexuality. An anonymous homosexual complained of the high cost of such therapy in the May 12, 1962 issue of the CANADIAN MEDICAL ASSOCIATION JOURNAL: "The problem is that in the early years of full psychosexual development few are in a position to afford psychiatric treatment. Only later in life, when the individual has worked out an adaptation to life in the only way he knows how and has followed this for a number of years, is he in a position to finance treatment." What was written over two decades ago, i.e., that no economic and successful form of treatment has yet been discovered, and what has been reiterated periodically since then, is true today. Cooper sums up that complete eradication of an abnormal sex drive cannot be achieved. No matter how little a patient would be paying for such treatment, it could be said to be too expensive in terms of treatment outcomes.

The Wolfenden Report concludes: "We were struck by the fact that none of our medical witnesses were able, when we saw them, to provide any reference in medical literature to a complete change. . . . our evidence leads us to the conclusion that a total reorientation from a complete homosexual to a complete heterosexual is very unlikely indeed." Although some therapists who try to produce such conversions may object to the absolute and complete nature of the goals as phrased by the Wolfenden Report, it must be appreciated that when some disturbed homosexuals or members of their families think in terms of treatment goals, when they hear that a certain Dr. So-and-So has a reputation for treating homosexuals successfully; they do think in terms of absolute reversal of sexual orientation. Treatment, to them, means treatment aimed at curing the person of homosexuality. This is not necessarily what is meant by the therapists who present themselves as healers of homosexuals. Hemphill affirms that "there should be more clear thinking about treatment," for, as he reports, "we have yet to find any evidence, in our experience, or in literature, that the direction of intensely homosexual drives can be successfully altered." He made this statement in 1958 and no "advance" since has made his statement out-of-date. According to Tripp (1965a):

As for psychotherapy, I know of not one single validated instance of any basic sexual change ever having been accomplished. Nor was the Kinsey Research ever able to find a single instance of any such change. Nor does the issue seem to be of the least importance. Even if there were treatment procedures for successfully revising an individual's whole personal value system, would we be ready to apply those procedures . . . to those millions of persons who are primarily homosexual for their entire lives?

Tripp says that the homosexual component is easier to come to terms with than to eradicate. He further states: "Where basic changes in adult sexual responses are claimed as a result of therapy, we have to be very careful in what we believe. Mere changes in overt practice do not constitute an adequate criterion. The Trappist monk who takes an oath of silence and abstinence has certainly changed neither his voice, nor his basic sexual responsiveness." Hastings has written:

It is possible to reinforce a weak heterosexual drive in a predominantly homosexual person by suggesting that the person test his interests by dating and seeking the company of the opposite sex, but under no circumstances should this be in the form of a medical order or prescription, since it may be asking the person to do the impossible.

Three of the psychiatrists and psychotherapists who view homosexuality as pathological and who have written and spoken widely of their "successes" in treating homosexuality in clinical practice are Bieber, Ellis, and Hatterer. A close examination of what it is that they say about treatment goals and expectations might surprise those who believe that these therapists actually promise to do something else. According to Bieber (1971): "The therapeutic experience is not, as many think, an assembly line, calculated to convert homosexuals into heterosexuals. . . . Those who do not change their sexual adaptation, still find help in restoring self-esteem and overcoming sensitivity about rejection, in breaking through work difficulties, and so forth." In his book, *HOMOSEXUALITY: ITS CAUSES AND CURE*, Ellis states: "As far as the cure of fixed homosexuality is concerned, it is unrealistic to try to eradicate the homosexual's desires for members of his own sex." Hatterer has written in his book, *CHANGING HOMOSEXUALITY IN THE MALE*: "Any expectation that his past homosexual consciousness shall be totally removed from all levels of consciousness is completely unreasonable. Hence, even after he has gained and sustained control over his homosexuality, relapses can evoke acute anxiety, depression, withdrawal, or even a sudden impulsive reentry into a period of protracted homosexual practice." He has said: "It's cruel for a parent and a therapist to attempt to change a person who is strongly identified [with homosexuality] and militant." (Cited in *THE NEW YORK TIMES*, September 1, 1972).

Ovesey concludes: "As for the . . . confirmed homosexuals who wish only to be left alone, - at the present state of our knowledge we have nothing to offer them. There is no way that a homosexual who does not wish to become heterosexual can be forced to change. We do not know how to do it therapeutically, nor can it be done by parental edict or by court order." Such dismal outlooks for "cure" should not be surprising when it is considered that homosexuality is a "disease" by definition only. Anybody can label certain behavior "sick" but then nobody should be so unrealistic as to take that labeling so seriously that he actually begins to look for a "cure" for a normal human capacity for sexual response.

What do the "healers" try to do? They try to convince their patients that it is self-sabotaging to act upon their homosexual desires. Tripp has said that this is not unlike "curing" the stutterer by shutting him up.

In view of the poor record of unrealistically-attempted "conversions" to heterosexuality, Weinberg (1972) has made a tremendously important point in writing:

From what I have seen the harm to a homosexual man or woman done by the person's trying to convert is multifold. Homosexuals should be warned. First of all, the venture is almost certain to fail, and you will lose time and money. But this is the least of it. In trying to convert, you will deepen your belief that you are one of nature's misfortunes. . . . and by the time you stop trying to change, time will be lost, and it may take you years to believe in individuality once more. Your attempt to convert is an assault on your right to do what you want so long as it harms no one, your right to give and receive love, or sensual pleasure without love, in the manner you wish to.

Weinberg then says something that someone should have said long ago:

It ought to be considered too that there are no specialists able to restore opportunities to an aged person who has forgone his chances for erotic experience, together with its enrichments, and is now dying.

Listening to the prejudices of society and introjecting the outlooks of the "healers" such opportunities have been lost to many persons in a commitment to ill-advised marriage, children, and a life-style for which certain psychosocial skills were learned at the expense of other skills more appropriate to one's real identity. In the wake of the gay liberation movement and increased attention to homosexual matters in the public media, more and more of these heretofore hidden homosexuals are trying, often with difficulty and little real hope of success, to "come out" into the gay world for which they have had virtually no preparation.

Before moving on to the discussion of the modes of treatment, a few words about the context of the rationale or need for psychotherapeutic intervention in general are in order.

In the 19th century, Mill wrote:

the spirit of improvement is not always a spirit of liberty, for it may aim at forcing improvement on an unwilling people; and the spirit of liberty, insofar as it resists such attempts, may ally itself locally and temporarily with the opponents of improvement; but the only unfailing and permanent source of improvement is liberty, since by it there are as many possible independent centers of improvement as there are individuals.

This philosophy has influenced some therapists when the subject of such "improvement" is narrowed to "mental health" and to homosexuality. As Kaufman has said: "The belief that all minor psychological quirks should be 'treated' and 'corrected' is as foolish as the belief that all people should have plastic surgery done on their faces to make these conform to the arbitrary standards of beauty."

H. Ellis said long ago that it would be immoral to try to turn a homosexual into a heterosexual, as also would be the converse. Stanley-Jones has more recently referred to such attempted treatment as "a moral outrage." Such an outlook has been expanded and strengthened by Szasz and other psychiatrists and psychologists to include not only homosexuality, but also the broader areas of so-called "mental illness." Rose calls attention to grounds for thinking that hypotheses having to do with assumptions concerning prevention and treatment of "maladaptive behaviour" which are often stated as facts or are unquestionably assumed to be true, require careful scrutiny. He challenges the very notion that "maladaptive behaviour" may be dealt with effectively. Schofield contributes to this discussion by saying:

We live in an age when people believe that almost everything is subject to human control. Such an activist attitude is good, for it is the means of curbing previously unchecked diseases, reducing the death rate, doing away with acute poverty. But this solid faith in our own achievements and this fear that we may be called fatalistic if we accept that some phenomena are immutable may mean that we err too far on one side.

Modes of Treatment

Turning to the reported results of treatment, the literature can be divided into the (1) Individual Psychoanalytic, (2) Group Therapy, (3) Rational-Emotive Psychotherapy, (4) Chemotherapy or Hormone Therapy, (5) Behavior Therapy, (6) Miscellaneous Remedies, and (7) Supportive Counseling. In interpreting the reported "success" or "cure" rates, one must keep in mind that "failures" usually are not reported in the literature composed of reports on single patients. Although results which are not statistically significant are infrequently published, results are reported as "meaningful" when they are based merely upon small differences which happen to meet arbitrary tests of statistical significance (Cf. Dunnette). Those results which are reported are based on patient samples which have already been screened for success before beginning therapy. This is important to remember since those who go for treatment and from among whom fewer are selected are usually highly motivated for such therapy. Reported "cures" may also be seen in light of what Weinberg (Cantor) says: "Some homosexuals seeking cures have very dominating analysts and they are actually afraid to admit to their analysts that they have not been cured." This is an interesting statement in view of Ellis' acknowledgment: "Because of the unusual intensity and variety of roadblocks to psychotherapy that arise when the homosexual patient does come for psychotherapy, it is usually necessary for the therapist to take a distinctly active-directive role."

(1) INDIVIDUAL PSYCHOANALYTIC TREATMENT.

Some 30 years ago, Knight reviewed the psychoanalytic literature in general and he found that of the 952 cases reported in the European and American literature, only 12 had to do with homosexual behavior and that of these, only two were judged to have been "cured" – even by the analysts involved. Almost three decades later, T. Bieber wrote that, "Few psychoanalysts today are committed to the idea that the best a homosexual can achieve is an 'adjustment' to his fate." If it is thought that during those 30 years, great advancement was made in the psychoanalytic treatment of homosexuality – in terms of re-orientation – that impression cannot stand scrutiny. In 1962, her husband, I. Bieber, had stated that, "We are firmly convinced that psychoanalysts may well orient themselves to a heterosexual objective in treating homosexual patients rather than 'adjust' even the more recalcitrant patient to a homosexual destiny." However, ten years later, Bieber (1971) seems to have taken a much less "ambitious" approach in admitting: "The therapeutic experience is not, as many think, an assembly line, calculated to convert homosexuals into heterosexuals. . . . Those who do not change their sexual adaptation, still find help in restoring self-esteem and overcoming sensitivity about rejection, in breaking through work difficulties, and so forth."

In Woodward's report of her work with 113 "bisexuals," she says that she achieved a "satisfactory result" with seven of them, i.e., they engaged in "increased heterosexual activity" after treatment. Only three out of 38 exclusively homosexual patients seen by Curran and Parr were said to have shown even some "change towards heterosexuality." Most of the psychoanalytic literature consists of isolated cases of individual analysis reported from time to time by different clinicians, although Kolb and Johnson report on four patients and Ovesey and his associates report on three patients.

In what Ewalt (on the dust jacket) calls "a major contribution . . . [which] gives a realistic view of the 'treatability' of some forms of homosexuality" and in what Ovesey (on the dust jacket) calls "the most definitive text on homosexuality in the male," Hatterer reports on his psychoanalytic experience with 710 patients who were given diagnostic evaluation interviews from 1951 to 1969. Not all who were seen for homosexual behavior were diagnosed "homosexual" (e.g., some were labeled "schizophrenic-paranoid," "borderline schizophrenic," "personality pattern disturbance -- immature," "depressive reaction," "anxiety reaction," and "transvestite."). Hatterer reports eventual "recovery" of 49 patients and "partial recovery" of 18 patients, whereas 76 "remained homosexual," even after up to 22 months (375 hours) of treatment. It is important to note that the remaining 567 persons were not good treatment risks or did not enter therapy for other reasons. Also, it should be said that even among the 49 patients who "recovered," only 17 married and some of these mentioned recurrent homosexual fantasies during up to 15 years of follow-up investigation. None of the 18 "partially recovered patients" married in up to 15 years. In fact, at

termination, none of these was free of homosexual desires or behavior, although five of them had dated members of the opposite sex.

(2) GROUP THERAPY.

Turning to the literature on group therapy, perhaps the most noted group therapist treating homosexual behavior has been Hadden. He asserts (1967a):

My own practical experience has shown even the individual treatment of homosexuality is not a fruitless undertaking but that group psychotherapy in groups made up exclusively of homosexuals offers increased likelihood of success. The interaction and the autobiographical material brought out in group sessions affords us an opportunity to understand better the experiences which contribute to the development of a homosexual adaptation. Better understanding of the factors which contribute to the development of homosexuality should aid in the prevention of the mal-adjustment.

Hadden's patients were seen in weekly open-ended groups. One group was ten years old at the time of one of his publications (1966). He does not discuss his selection of patients nor does he give any statistical data on treatment effects, though he claims "success."

Others (e.g., Eliasberg, Bromberg, and Singer and Fischer) have reported on their work with homosexuals in group treatment but each presents an account of an individual therapy group with a paucity of data which can be interpreted in terms of strength or commitment to sexual orientation either before, during, or after therapy.

Ellis (1965) is negatively critical of the group approach to the treatment of homosexuals. He writes: "I have personally found this to be an ineffective form of treatment, because when a few members in a homosexual group begin to get better, and to be able to look forward to heterosexual participations, the other members of the group, who are not yet that far advanced in giving up their disturbances, frequently become jealous or insecure, and do their best to drag the improving members back into the fold."

(3) RATIONAL-EMOTIVE PSYCHOTHERAPY.

In 1956, Ellis wrote that he had psychoanalytically treated 48 individuals having homosexual problems and had achieved "distinct improvement" in 12 and "considerable improvement" in 19. In 1965, Ellis wrote that "whereas the usual . . . psychoanalytic methods are next to useless, and often harmful, in the treatment of homosexuals . . . active-directive therapeutic techniques, and rational therapy in particular, are often quite valuable in this respect." However, Ellis's definition of "cure" may be seen to be a rather strange conception of "cure," for he first observes that:

The homosexual's abnormality is not that he wants sex relations with members of his own sex, but that he erroneous-

ly believes that he must have such relations, and those primarily or even exclusively. It is this irrational premise of his which is his sickness, and it is this of which the therapist must help him rid himself. He is cured, therefore, not if he never has any homosexual desires for the rest of his life, but if he is easily able to handle those that he does have, refuse to give in to them compulsively, and keep them within the bounds of a generally well-ordered sex life that would also include his having the desire for heterosexual participations.

He therefore says:

So the realistic goal in the treatment of confirmed homosexuals is not the complete eradication of their desires for members of their own sex but the placing of such desires in their proper perspective: as a relatively minor part of the general sex drives of the treated individual.

This, Ellis attempts to do by making the patient see that he has been maintaining irrational beliefs and that through self-verbalization he can reduce "the basic irrational philosophies or value systems" of his disturbance. As Ellis explains:

Depropagandization is taught the patient by the therapist inducing him (a) to assume that all his exaggerated fears, anxieties, hostilities, guilts, and depressions are grounded in illogical beliefs and attitudes; (b) to trace these illogical beliefs to their basic underlying assumptions; (c) to question and challenge these assumptions; (d) to attack them, in action with behavior that directly contradicts them; and (e) to replace them, ultimately, with rational, nondefeating values and beliefs which, when they are fully accepted, will automatically encourage undisturbed behavior.

After treating patients with this approach for ten years, Ellis concludes that "steady improvement" has been observed, but he gives no more data than that "Some of these patients have overcome their basic sexual problems in from five to twenty weeks' time; and others have required two or more years of therapy."

(4) CHEMOTHERAPY OR HORMONE THERAPY.

Chemotherapy or hormone therapy has been suggested from time to time (Cf. e.g., Clark). These suggestions have usually arisen because of the notion that there was something "womanly" about a man's sexually desiring another man or something "manish" about a woman's sexually desiring another woman. However, as shown by Dörner, the levels of sex hormones in homosexuals are normal.

The administration of moderately large doses of female sex hormones to the male homosexuals may depress sexual desire but such treatment also changes the voice slightly and increases the size of breasts and hips. Hormone treatment has never been shown to change the direction of the indi-

dual's sexual orientation. From his review of reports of treatment using endocrines, Swyer concluded that hormones do little more than change the strength of sexual urge. West found the same results.

(5) BEHAVIOR THERAPY.

Two reviews of the literature on sexual anomalies treated by behavior therapy techniques are given by Rashman and by Feldman and they suggest that behavior therapy can be applied with some success to some cases of homosexual behavior.

Typical of the behavior modification approach is that of double (differential) conditioning in which, for example, a male homosexual patient is shown a series of pictures of nude or semi-nude males and females. An electric shock accompanies the showing of the pictures of males whereas termination of the shock accompanies the showing of the pictures of females. Two Canadian therapists report that in using GSR and plethysmograph response for objective assessment of results of this technique with six patients, no change was found in autonomic responses to pictures of males although there was an "apparent increase" in responses to the pictures which were accompanied by release from the shock.

Srnec and Freund studied 25 male homosexual patients who drank coffee or tea with emetine and 10 minutes later they were given an injection of a mixture of emetine, apamorphine, pilocarpine and ephedrine. They were shown slides of nude and semi-nude males while they were beginning to feel nauseated and then were vomiting from the chemical mixture. Later each patient was given 50 mg. of testosterone and shown "provocative" films of females. The entire procedure was repeated up to ten times. The therapists report that six of these 25 undefined "homosexuals" became predominantly, but not exclusively, heterosexual.

MacCulloch and Feldman were the first to apply anticipatory avoidance learning therapy to homosexual patients. They report using an electrical aversive stimulus with 43 homosexual patients (1967, 1971). Although MacCulloch and Feldman define these patients at pre-treatment using the Kinsey scale, they re-define a Kinsey rating only "on the basis of interest, practice, and fantasy in the three years previous to presentation as opposed to the entire lifetime of the individual" before admission. Thus, it is important to note that "of the 9 Kinsey 6 patients who made a satisfactory response to treatment, six had displayed heterosexual interest and practice at some stage of their lives previous to the 3 years immediately before presentation." Of 45 patients termed "homosexual" before treatment, an undefined 13 participated in heterosexual intercourse after treatment, and none of these was reported to be engaging in homosexual fantasy or in homosexual practice.

Bentler, in an attempt "to treat sexual disorders using features of behavior therapy which do not utilize aversive stimuli," employed the "treatment strategy of making orgasm contingent upon socially appropriate behavior." Bentler treated three boys, aged 14, 16, and 20, who had had in

turn one, seven, and several dozen homosexual experiences. He states that he tried to reinforce a heterosexual dating sequence because "it is felt that heterosexual encounters of any kind, such as focusing on sexual features of the other's body, social interactions, touching and petting, would provide fantasy material for masturbation. The orgasm of masturbation would serve to reinforce heterosexual fantasy rather than homosexual . . . fantasy." At termination of treatment, the 14 year old "had manipulated a female's breast under her clothes," the 16 year old had not been able to have heterosexual intercourse and still had homosexual fantasies, and the 20 year old had eliminated some effeminacy but after two months of therapy was drafted into the army.

McGuire and Vallance report results for six homosexuals in treatment under self-administered electric shock. Three of these patients discontinued treatment and the therapists report simply that the remaining three could be listed under "mild; good, and symptom removed." Assessment of these results is difficult since the therapists do not say what such a listing means. Solyom and Miller treated six homosexuals with classical conditioning techniques and they were unsuccessful in achieving a reversal of sexual orientation in any of the six patients. Other reports of treatment concern therapy with one or two individuals in each case and it is not always very clear what it was that the therapists had to start with and what it was that they ended with (Cf. e.g., Stevenson and Wolpe, Gold and Neufeld, and Barlow, et.al.).

(6) MISCELLANEOUS REMEDIES.

Hannett has used a quasi-artifactual analysis of music to assist in the treatment and "cure" of a homosexual. Goodman claims to have "changed" homosexuals by "probing into their astrology." Alpert and Leary claim that LSD is a "specific cure for homosexuality." According to Roper, "in some homosexuals, hypnosis may well produce more satisfactory results than those obtainable by other means" although he admits that in treating 15 patients, he did not achieve "absolute cure" in any of them.

The BRITISH MEDICAL JOURNAL reported in November, 1969, that a surgical procedure, has been urged as a way to reduce the sexual drive of homosexuals. It is reported that although this is a drastic measure, it is worth while when one considers the alternatives!

A philosophical treatment for homosexuality has been devised from "Aesthetic Realism," a school of thought founded by a poet in the early 1940's. The application of this world-and-life view to an understanding of homosexuality and to a consequent approach to changing a person's behavior to heterosexual was made in the early 1950's by a homosexual editor and teacher by the name of Kranz. To date, he and ten other homosexuals say that they have changed to heterosexuality by taking a different view of the world. Having been made to feel "extremely nauseous" whenever they engaged in homosexual practice, these devotees claim to have forsaken their "organic contempt" for the opposite sex by adopting "the all-encompassing philosophy that opposites belong together."

Although some therapists have advised a "grin and bear it" approach without permitting any overt homosexual behavior, sexual abstinence has been shown by Imielinski and others to have marked negative effects upon those who are forced to abstain involuntarily.

There are still those who believe that moral persuasion can "cure" the homosexual. For example, one psychologist (Cranford) has written that "moral persuasion can deter homosexual feelings" and he urges the exertion of "enough moral pressure to save" the homosexual. Cappon has written: "No therapist or counselor can afford to try to help a patient to stem the H impulse, to disperse it, to redistribute his libidinal drives, and to restitute the heterosexual sex object, without attempting to correct the ethical value system at the same time." Another psychologist (Narramore), has written: "Many men and women who have been engaged in overt homosexuality have become convicted by the Holy Spirit as they have surrendered their lives to Christ. . . . After the question of salvation has been settled, then the counselor can help the counselee develop an effective program for spiritual development which, in turn, will have an important effect on his problem." Dean writes the following in a tract which has been distributed in "gay ghetto" areas of New York City: "If you are desperate, if you are willing to turn your back on your sin of homosexuality, if you will receive Christ as your Saviour today, you will be set free." Though more simplistically optimistic than Narramore, Dean's "remedy" is not any more explicit than is Narramore's and neither offers supportive testimonies. According to Adams' unfortunate advice, marriage is the answer to the homosexual "sin." He further states: "To call homosexuality a sickness, for example, does not raise the client's hope. But to call homosexuality sin as the Bible does, is to offer hope." He adds: ". . . precisely because homosexuality, like adultery, is learned behavior into which men with sinful natures are prone to wander, homosexuality can be forgiven in Christ, and the pattern can be abandoned and in its place proper patterns can be reestablished by the Holy Spirit. Some homosexuals have lost hope because of the reluctance of Christian counselors to represent homosexuality as sin." Buckley has written:

The homosexual can become normal, and while we are aware that there is little available information concerning the treatment of homosexuals, everything is to be gained from this optimistic attitude which will soon transmit itself to the homosexual patient. . . . The priest, no longer deterred by the false claim that homosexuality is essentially a medical or psychiatric problem, must enter the field and spread the truth. He must assist the homosexual to beg God's healing and elevating grace.

In contrast to these views, positive approaches to pastoral concerns of homosexuals are presented in Blair's RELIGIOUS PROBLEMS OF HOMOSEXUAL STUDENTS, a volume of the Otherwise Monograph Series.

(7) SUPPORTIVE COUNSELING.

Thus far, discussion has focused on treatment designed to "cure" the person of "homosexual sickness" or to "convert" him from his "homosex-

ual immorality." The aim has been seen to be the eradication of a deviant sexual orientation or behavior. There are those, however, who have a different goal in treatment. Ellis refers to these when he states that certain therapists: "Unfortunately, . . . lean over backward and not only accept the patient but his symptoms as well. They indicate to him that there is nothing wrong with his being a fixed deviant; that as long as he is not guilty about his homosexuality, he might as well continue unquestioningly to enjoy it; and that if he fully accepts himself as a homosexual, all will be right in his world." To all of this Ellis says: "Moonshine!"

It can no more be said that all will be right in one's world simply because a person accepts himself or herself as a homosexual than that all will be right in one's world by accepting his or her heterosexuality. However, if people know who they are and can accept themselves as such, they can be in a position to deal more realistically with the worlds in which they do find themselves. Increasingly, therapists are beginning to realize that in the absence of sound etiological knowledge and in view of the evidence of the natural occurrence of homosexual phenomena throughout the mammalian class of animals and in view of the difficulties, if not the impossibility, of trying to eliminate a sexual orientation with which many persons can live productive and happy lives, it makes much sense to attempt to enable homosexuals to become more self-actualizing individuals -- whatever they may then do sexually. Such an approach is not without precedent from the beginnings of psychoanalysis. Thirty-seven years ago, Freud wrote to the distraught mother of a homosexual son:

By asking if I can help, you mean, I suppose, if I can abolish homosexuality, and make normal heterosexuality take its place. The answer is, in a general way, we cannot promise to achieve it. . . . What analysis can do for your son runs in a different line. If he is unhappy, neurotic, torn by conflicts, inhibited in his social life, analysis may bring him harmony, peace of mind, full efficiency, whether he remains a homosexual or gets changed.

This point of view in terms of treatment goal is voiced again in the Final Report of the National Institute of Mental Health Task Force on Homosexuality (Hooker, 1970): "In general, the goal of treatment for homosexual patients as for others must be the decrease of discomfort and increase in productive functioning." After reviewing the treatment literature, Miller and his associates also arrived at this conclusion. They stated: "Since this review [from 1960 to 1966] has indicated that homosexuality is not necessarily the outgrowth of neurosis, an alternative therapeutic goal might be to eliminate current anxiety and discomfort without eliminating the homosexuality *per se*."

Typical of those therapists who see good adjustment to homosexuality as a valid goal of treatment are Monroe and Enelow who come to the conclusion that the homosexual can make relatively long-term attachments with a single partner and meet needs without developing so much anxiety that he is forced to seek therapeutic intervention thereafter. Fort and his associates reported a survey of mental health professionals which revealed that although

72 percent of those questioned believe that therapy can change homosexual orientation, only 38 percent would try to do it. Of 52 percent who said that they established specific goals in treating homosexuals, only 3 percent aimed at reversal of the orientation. These therapists preferred to try to help their patients to accept their homosexuality and to live with it productively. Of the "troubled committed homosexual," even Hatterer writes: "Sometimes he has to be helped to learn to live with his kind of homosexual adjustment because no other is possible. In such a case, the therapist must not devalue what works for the patient if it does not cause destructive living." Hatterer also states: "... it is impossible for him to be free of every vestige of homosexual impulse, attraction, or desire for overt activity." Willis, who notes that "homosexual adjustments do seem to be on the increase," says that the "central focus of effective psychotherapy" with homosexual patients is not the elimination of homosexual behavior, but the freeing of the person for rational and creative human relationships of either homosexual or heterosexual kinds.

Though not writing of homosexuality, Grier and Cobbs raise an important point on the need for social change which an increasing number of activist therapists is making and applying to the homosexuals' situation. They say: "Too much psychotherapy involves striving only for a change in the inner world and a consequent adaptation to the world outside. Black people cannot abide this and thoughtful therapists know it. A black man's soul can live only if it is oriented toward a change of social order. A good therapist helps a man change his inner life so that he can more effectively change his outer world." In his book on homosexuality, subtitled: "The Social Creation of Evil," another psychiatrist (Hoffman) has stated: "Our very analyses of social problems carry intrinsically a mandate for social change." Addressing himself to the views of Gore Vidal on the necessity for social change vis a vis homosexuality, Money (1969) writes: "Vidal has that kind of polemical, sardonic wit that is a therapeutic tonic, to the institutional and political health of any society, and is all too rare in our own. He is an iconoclast, also, in matters of sex, and that is therapeutic too, in our taboo-ridden, guilt-inhibited society."

Speaking at a meeting of the Daughters of Bilitis, Ruitenbeek (1970b) urged homosexuals to become more involved in determining the course of their own lives. He said:

The days of Oscar Wilde are over. In Wilde's time, homosexuals generally married, and were very secretive. They couldn't really deal with and conform to their homosexuality, but had to repress it. Now we are entering a new era where they must come to terms with themselves and with society, functioning as homosexuals in heterosexual society with heterosexual friends.

Ruitenbeek predicted that from now on, "homosexuals will become happier, more adjusted in their homosexual relationships and in society. 1970 is the crossroads." He urged his listeners to:

Stop aping father and mother, he and she, and heterosexual marriage in general. It's unnatural and not necessary to flip wrist, call each other names like Mary and Butch, and so forth. Homosexuals must map out a course for themselves. Their sexuality has its own dynamics. See the dynamics of your relationship in terms of what you want, rather than looking to straight society to tell you.

Although there has been no systematic evaluation of the personal effects of social and political involvement and consciousness-raising experiences with peers within the earlier homophile movement and now in the gay movement, it is this writer's assessment that, for many, surely much greater benefit has been gained from such positive activity than from time which might have been spent (or was spent), isolated with therapists who did not understand homosexuality. (For more data on these phenomena, the reader is referred to the writings of Aherne, Altman, Barrett, Bell, Clarke and Nichols, Fisher, Hemric, Martin and Lyons, Murphy, Teal, and Wittman.) Nonetheless, it is also the counseling experience of the present writer that persons who have been or who continue to be active in the gay liberation movement can still suffer from the terrible oppression of the dominant society and even those whose rhetoric proclaims "Gay Pride," can harbor introjected ideas of self-deprecation in terms of their homosexuality.

Conclusions on the Treatment Literature

In summary, there is conflict and confusion in etiological theories and consequently also conflict and confusion in the prescribed remedies. The literature on treatment is primarily based on experience with patients, i.e., troubled and highly motivated persons (in terms of "cure") who are, in practice, bisexual for the most part. These are the "best candidates" for the therapies aimed at reducing the frequency of overt homosexual practice. After all variables are considered, no treatment in even these most promising cases is seen to be usually successful in reorienting a homosexual to heterosexuality. Nonetheless, medical and psychiatric treatment is repeatedly urged upon homosexuals by those who continue to view homosexuality as a "disease."

Increasingly, however, it is believed by many therapists that such recommendations of "cure" are unrealistic and even immoral, and attention is being given to helping homosexuals to live a more self-actualizing homosexual life and to changing societal attitudes and environmental features which have made being a homosexual so difficult. Even the "healers" among the therapists will begin to find their objectives even more difficult to reach since what they have always admitted was so very necessary to their effecting "cures" -- high motivation to change -- is just that which the growth of gay pride is revising in the outlooks of increasingly larger numbers of people.

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Medically Speaking—

New Journal Will Help Homosexuals

By DR. WALTER ALVAREZ
Emotions Consultant, Mayo Clinic

I just received the first issue of a new journal which should be especially helpful to those young homosexuals who puzzle over the problems that life brings to them. It is the life brings to them. It is the "Homosexual Counseling Journal," the quarterly journal of the Homosexual Community Counseling Center, 921 Madison Ave., New York, N.Y. 10021.

In the new journal are reviews of books on the subject of homosexuality and an article on the attitudes of counselors and psychologists toward homosexuals. There is also a section with news items of interest to homosexuals.

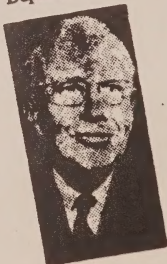
For example, the Illinois Department of Children and

Family Services is considering a plan to place homosexual children in foster homes with homosexual couples when all other attempts to place these children in more traditional settings have failed. One official describes "the plight of the young homosexual who is virtually barred from a normal placement situation and has been the object of scorn all his life."

In another news item, I read that in Boston, the Massachusetts Red Cross Blood Program is now recognizing homosexual couples as family units during an emergency appeal, and as a result, during one weekend, received about 100 pints of blood from homosexuals. According to the program, children of either partner are eligible to receive blood from the program.

The aim of the new journal is to encourage people with feature articles written "by the best-informed men and women working with homosexuality in the individual and in society today." The editor is Ralph Blair, D. Ed., who has written a splendid survey of the etiology (origin) of homosexuality.

This first issue in In Memoriam to my old and dear friend, the late Alfred C. Kinsey, who was a pioneer in the study of the many different forms of sexual behavior of men and women.



Dr.
Walter
Alvarez

HOMOSEXUAL COUNSELING JOURNAL is the official quarterly of the Homosexual Community Counseling Center (HCCC, Inc.) in New York City. All manuscripts must be submitted to the editor in triplicate to facilitate referral to the editorial board and must be prepared to conform to the *Publication Manual* (1974 Revision) of the American Psychological Association. Copyright held by the HCCC, Inc. All rights reserved. HOMOSEXUAL COUNSELING JOURNAL is abstracted in *Psychological Abstracts* of the American Psychological Association and is recorded on microfilm at University Microfilm, Ann Arbor, Michigan. The annual index is published in the October issue. Subscriptions are \$15 per annum (institutions) and \$10 per annum (individuals). Communications concerning subscriptions and change of address should be sent to the managing editor, HCJ.

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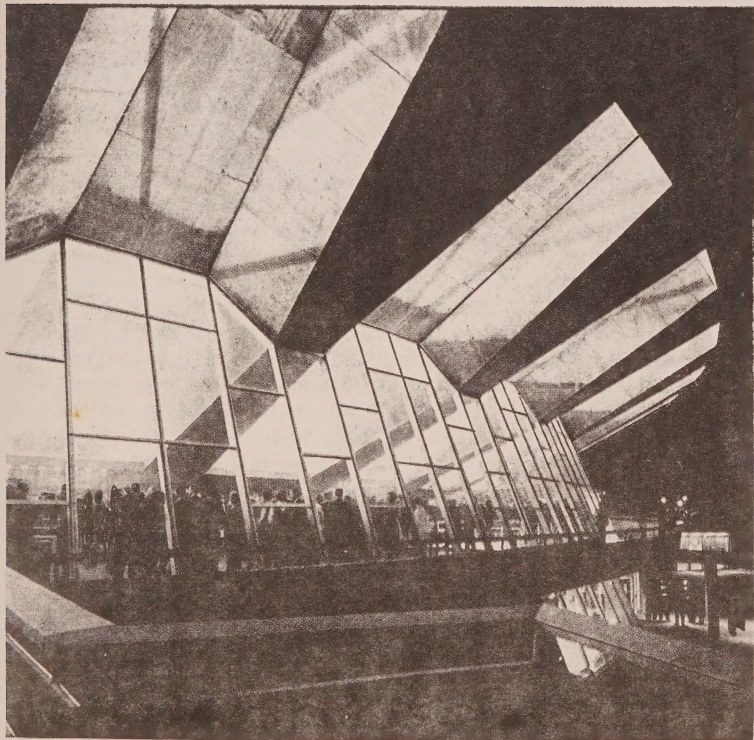
For too long, it has been an unquestioned assumption that every American boy and girl does or should grow up to be heterosexual. Such an expectation has contributed to much of the suffering of those for whom sexual development is otherwise. This monograph series is dedicated to these people and their families in the hope that it will enlighten readers to a more realistic expectation and greater understanding and enjoyment of each other's lives.

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URBANA REPORT



"Declare His Glory Among the Nations." This was the theme of URBANA 76, the 11th Inter-Varsity Missionary Convention, December 27-31, 1976 at the University of Illinois. Much will be written about the many ways in which God spoke to Urbana delegates: in plenary sessions with international leaders, in daily Bible studies, prayer groups, exhibits, and conversations and Christian fellowship. One small chapter that may go unreported or misinterpreted has to do with the people from Evangelicals Concerned who were in Urbana to declare His Glory both to gays and to non-gays who will be ministering among the nations to and with gays, maybe without even realizing it.

For months, we in EC had prayerfully planned to be at URBANA 76. (Indeed, even twelve years ago, as an IVCF staff worker standing in the Urbana Assembly Hall, I had envisioned a time when we could present God's love to gays just as we present it to others.) Reliable sources inside IVCF had indicated some apprehension over possible disorderly demonstrating on our part. Any such concern, of course, was unnecessary. All we wanted to do was to pass on to those in attendance our testimony of the Lord's wonderful acceptance of gay Christians as well as non-gay Christians. This we did.

After we had prayed, those of us who could be open (including two Christians from Gay Illinois) stood outside in the sub-freezing night as the 16,000 delegates came out of the Assembly Hall following Billy Graham's address. It was too dark and too cold for delegates to stop to read the pamphlet (enclosed) so most just grabbed it, said "thanks," and hurried on to the warmth of their dorms. One man, however, apparently read enough to turn back and tear up his copy in my face. I said, "God bless you," and he marched off angrily. Another, saying

he was an IV staffer, demanded that we give him all our pamphlets or face arrest. I told him we had only one copy for each person. He became more insistent and was last seen scurrying off in the direction of the Assembly Hall for a "higher up."

Afterward, back at our post in the Ramada Inn, we received some phone calls from interested students and we now await more inquiries by mail. One delegate who, upon his arrival in Urbana had called MCC to ask for fellowship with other gay Christians and was referred to us, reported that there were many exclamations of "Impossible!" when the students returned to the dorms and read the pamphlet. Thank God that what is impossible with people is possible with God! Some students quietly packed their copies of the pamphlet for future reference.

Pray that those who still think that they need to exorcise their sexuality in order to be pleasing to God will come to a deeper appreciation of His love and complete acceptance of each one of us in Jesus Christ and learn to live their homosexuality responsibly as unto their Lord.

-- Dr. Ralph Blair, President of the Board
Evangelicals Concerned



WRITE TODAY FOR INFORMATION

Dr. Ralph Blair
30 East 60th St.
New York, NY 10022

EVANGELICALS CONCERNED is a national task force of gay and straight evangelicals concerned about the needs of gay men and women and their families.

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Brookline MHA
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Brookline, MA 02146

Cambridge MHA
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Cambridge, MA 02138

Central Mass. MHA
9 Walnut Street
Worcester, MA 01608

MHA of Central Middlesex
Community Agencies Building
Old Road to Nine Acres Corner
Concord, MA 01742

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549 Lebanon Street
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Greater Fall River MHA
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Fall River, MA 02720

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Boston, MA 02111

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214 Nahatas Street
Norwood, MA 02062

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Child Guidance Assoc., Inc.
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Haverhill, MA 01830

MHA of the North Shore
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c/o Thomas P. Casey
774 Columbia Road
Dorchester, MA 02125

South Shore MHA
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MAMH
c/o Mrs. Joseph Creedon
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How we relate to other Christians

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WRYT -

**WHAT
JESUS CHRIST
SAID ABOUT
HOMOSEXUALITY:**

(That's right. He said absolutely nothing about it.)

DR. RALPH BLAIR

30 EAST 60TH STREET
NEW YORK, NEW YORK 10022

Dear Sir:

I have just read the E.C. publication distributed at Urbana. I assume that this pamphlet was trying to say that practicing homosexuals should be accepted by born again believers into church fellowship etc. Your drive for respectability is bound to gain support in a secular world proud, liberated, and knowledgeable in the eyes of secular men. Unfortunately, the secular man forgets that God still sits on the throne of the universe. As a Christian recognizing that fact and spiritually alive by the Grace of Christ, I cannot and will not abandon sound scriptural teachings by supporting or accepting practicing homosexuals as if they were doing no wrong.

Your pamphlet distributed at Urbana reveals several things about your E.C. group:

1. Your group is satanically inspired.
2. Your subtle attacks on true Christian individuals and groups who reject your point of view are deceitful and fallacious.
3. You distort the meaning of God's love and grace so as to make a mockery of Christ's death and resurrection power.
4. You defend yourselves as oppressed sheep beneath the cloak of "minority psychosexual pathways." Yet, your movement will devour the moral purity of Christ's true spiritual body of believers like a wolf.
5. Your false confidence of faith and fellowship is only surpassed by your blind drive to twist and distort the holy scriptures until you have justified the fulfillment of your lusts ("minority psychosexual pathways").
6. The E.C. viewpoint denies clear biblical teaching from both old and new testaments of the Bible. Consequently, your stand is without excuse. God's word correctly applied makes every necessary provision to meet the needs and problems of all people.
7. There is a Christian solution for the dilemma of those who find themselves sexually attracted to persons of the same sex. Growing to adulthood with feelings and drives that it is most natural to gain sexual gratification and needed affection from persons of the same sex is not easy. Yet, the problem can be dealt with and resolved within the limits of God's word because we have a God who understands every human problem and who sympathizes with us. (Heb. 4:15-16) Your E.C. literature clouds the issues and leads astray innocent people that could be helped.

You say, "How can something that seems natural and that is part of a person be wrong?" One of your big arguments is that most homosexuals don't intend to be homosexual. They just turn out that way - right? Consequently, how can they be blamed for doing what comes naturally? The answer is simple: Man's nature including mind, emotions, and will is totally corruptible. Few non-believers will dispute this biblical fact because they see the results everywhere displayed in the affairs of men. I should not have to cite examples to you of people that demonstrate man's corruptible nature.

The reality of man's corruptible nature makes it impossible for you to conclude that it is acceptable to express homosexual longings just because it seems right or you feel it is right. Corruptible error prone human nature and longings are not an acceptable reliable source from which to determine moral truth.

That is why the only reliable moral truth has been given to us by a perfect God through his perfect scripture. The scriptures must be used to determine sexual relationships accepted by God. The scriptures are clear and consistent from beginning to end. A sexual relationship is only acceptable between a man and woman married to each other. All other heterosexual and homosexual relationships are wrong.

You will probably agree with me on one point. Psychiatry has miserably failed to so called "cure" homosexuals. I personally doubt that this should even be attempted except in cases with a very favorable prognosis. These failures have only exacerbated the homosexual's problem of being alienated and isolated. Most people with a homosexual personality orientation will probably be that way for the rest of their life (although I recognizing God's ability to give them a new orientation).

Now, let us look at the other side of the coin. Heterosexual people are attracted to persons of the opposite sex their whole life. Most married Christian men, for example, will admit that they are sexually attracted to women other than their wives for their whole life. Obviously, the Bible forbids the married man to submit to these temptations.

My point is this: The human sexual drive with all it's accompanying emotions, potential for over indulgence, and perverted forms, cannot be eradicated. But, by the Grace of Christ it must be controlled according to God's word.

A person with homosexual inclinations and temptations should not be expected to suddenly become heterosexual. However, if he becomes a Christian, Christ's indwelling Spirit can give him the strength to resist temptations to act out homosexual impulses. In time he will probably find that Christ is giving him new desires that please Him. As a Christian submitted to God's will, this person should be accepted by other Christians and should be eligible for all the privileges enjoyed by Christians cleansed by Christ's shed blood.

Won't you please rethink your stand on homosexuality? Please heed the scriptural warning in I Corinthians 6:9-10 that practicing homosexuals will not inherit the kingdom of God. If you seek the Lord with all your heart in faith, you will be rewarded. (Heb. 11:6)

Because Christ lives,

Craig C. Sandager

Craig C. Sandager

September 21, 1981

"let justice roll down like waters,
and righteousness like an everflowing stream."

Amos 5:24

Dear friends in Christ,

I am an Evangelical concerned about the misunderstanding of homosexuality and homosexual persons, and how they both relate to the Church and society. I am seeking to meet and dialogue with other Christians who are concerned about the injustices being done to homosexual persons, and who are willing to form a coalition of support for the emotional and societal liberation of those who are innately homosexual. If you are interested in meeting with me or know of others who may be, please feel free to contact me at the following address:

392 Essex St. Apt. 10
Salem, Mass. 01970.

or call 745-2541 after 6 p.m.

The Lord be with you

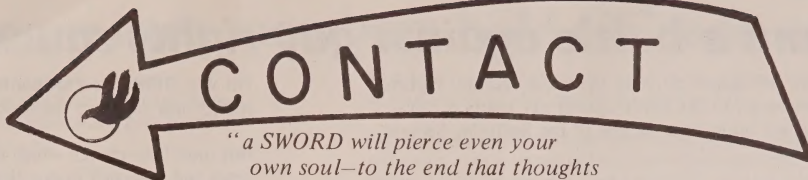
Anne Duffus
Anne Duffus

We're EVANGELICALS CONCERNED

about the misunderstanding of homosexuality among evangelicals and the misunderstanding of the Gospel among homosexuals. We're not merely a "baptized" gay liberationism, for as evangelical theologian Helmut Thielicke puts it: "When theology says only what the world can say to itself, it says nothing." We're people of the Good News, believing that, loving us so much, God was in Christ reconciling the world to Himself. It's our prayer that evangelicals take the Gospel seriously and stop excluding homosexuals.

EC was founded by Ralph Blair in 1976. We sponsor Bible studies, conferences, and publications. Members of the EC Advisory Board include Virginia Mollenkott (chair), Val Clear of Anderson College, Stanley Rock of Western Seminary, and Phyllis Hart of Fuller Seminary. Speakers at our annual connections have included Rosalind Rinker, Letha Scanzoni, Nancy Hardesty, Mark Olson of *theOtherSide*, Jan Evans of Messiah College, and Howard Rice of Presbyterians United for Biblical Concerns. Some EC folk are homosexual and some are heterosexual. We live everywhere: in Wheaton, Grand Rapids, Goshen and Lincoln as well as New York, Los Angeles, San Francisco, Seattle, Boston and other cities.

For more info, write: Evangelicals Concerned, Inc., #803, 30 East 60th St., New York, N.Y. 10022 or call Dr. Blair at (212) 688-0628. All contact is handled in strictest confidence.



*"a SWORD will pierce even your
own soul—to the end that thoughts
from many hearts may be revealed."
— Luke 2:35*

April 1977

Vol. II — No. 2

Official newsletter of EVANGELICALS CONCERNED, INC. —

30 East 60th Street, New York, N.Y. 10022

EC disavows NAE claim that EC is a 'gay group'

The National Association of Evangelicals went on record in a February church bulletin insert distributed to all its affiliates as disavowing "claim of gay group."

Dr. Ralph Blair, president of the EC Board of Trustees responded by saying, "Evangelicals Concerned disavows the NAE claim that EC is a 'gay group,'" as he explained that "EC is a national task force of both heterosexual and homosexual evangelicals."

The NAE statement asserted that, "A distinct fraternity of homosexuals who profess to be evangelical Christians and who believe such a life-style is *not* inconsistent with biblical teaching have gained increased attention in recent months, according to Dr. Billy A. Melvin, NAE executive director."

Melvin pointed out in the NAE communique that, "There was no official tie-in at all," with the 34th Annual NAE Convention held in Washington, D.C. in February, 1976, at which time "the group's promotional literature indicates it was formed."

In Melvin's judgment, "An organization has no right to ride on NAE's reputation simply because it was formed in a hotel across the street from where NAE meetings were taking place."

"NAE wants to disavow any connection with Evangelicals Concerned."

Anita Bryant canceled, reinstated

Well-known singing entertainer and former Miss Oklahoma, Anita Bryant, was recently canceled from a proposed TV series because of what a producer referred to as "extensive national publicity" on her fight against a homosexual rights ordinance in Miami, according to the Associated Press.

Bryant was quoted as stating, "The blacklisting of Anita Bryant has begun," after receiving a telegram from the producer.

"This telegram tells the story. It destroys the dream that I have had since I was a child—a dream to have a television series of my own, to entertain and present wholesome subjects to my fellow Americans," she said.

The telegram was sent by Barry Drucker, president of Tele-Tactics, a New York production company.

"We sincerely regret that the extensive national publicity arising from the controversial political activities you have engaged in in Dade County prohibit us from utilizing your services on the... pilot," the telegram read.

Bryant's husband and business manager, Bob Green, explained

"The basic error in the teachings of such a group has been well documented," according to Melvin. "To drift away to any degree from upholding the Bible as God's infallible guide in matters of faith and practice is to disregard God's truth as universal, transcending time and cultural changes."

"We must not forget Sodom and Gomorrah, as well as the other ancient civilizations whose declines have been greatly attributed to moral decay and ever-increasing liberality toward personal and sexual aberration," Melvin proclaimed.

NAE drafts resolution on gays

The 1977 Convention of the National Association of Evangelicals was concerned with homosexuality, among other issues, as resolutions were drafted by the Convention.

The text of the working draft included the following statement: "We... realize that as citizens we bear responsibility for the moral condition of our nation. Therefore we commit ourselves to encourage in anyway possible, the re-establishment of high moral standards in all areas of life."

"To that end we declare... that homosexuality is not a natural relationship even though some assert that it comes from innate tendencies. Both the medical and clinical counseling professions support the fact that it is perversion of natural sexual desires. It is explicitly condemned in such Scriptures as Leviticus 20 and Romans 1."

In a hearing late in the Convention, respondents to the proposed draft called for the statement to be altered to read, "*Many* in the medical and clinical counseling professions support the fact that it is perversion of natural sexual desires," to reflect that both the American Psychological Association and American Medical Association no longer consider homosexuality an illness (psychological or medical).

Another change was to stress homosexual "behavior" instead of "tendency," implying that the tendency is not sin, but the acting upon it is.

The moderator of the hearing asserted that the question relating to the medical and clinical counseling professions had been taken under advisement by Dr. Arthur M. Climenhaga of the NAE Executive Committee who reportedly had amassed some "very solid research" on the issue, although it was not presented to the hearing.

The 1977 resolution is the latest statement on homosexuality since the 1971 adopted resolution, according to NAE sources.

That resolution states: "One of the by-products of the increasing mood of permissiveness in our society is a growing awareness of

Bryant's battle against gay rights cause for reflection

The attitude and action of Anita Bryant as recently reported by the news media in her battle against gay rights is cause for us to reflect upon the example of the Suffering Servant in comparison.

Of His mission He said, "The Lord has anointed me to bring good news to the afflicted; He has sent me to bind up the brokenhearted, to proclaim liberty to the captives and freedom to the prisoners," (Isa. 61:1).

If the "anointing" of the Spirit in our lives as believers means anything, it means we now possess the dynamic supernatural capacity to exude God's indiscriminate compassion and love upon our fellowmen. And it is this love which is to bring justice among all peoples and usher in the Kingdom of God—"For I, the Lord love justice," (Isa. 61:8).

Recently, a passionate plea was sounded by Charles Colson at the National Association of Evangelicals annual convention for the evangelical to seek out every area of oppression and injustice in our society, to stand against it, to alleviate it. This is Christlike.

Isaiah portrays the heart of the Servant in the poignant and prophetic passage of chapter 42, "He will bring forth justice to the nations. He will not cry out or raise His voice, nor will His voice be heard in the street. A bruised reed He will not break, and a dimly burning wick He will not extinguish. He will faithfully bring forth justice..."

And His determination to see this realized is demonstrated in the fact that "He will not be disheartened or crushed until He has established justice in the earth..."

Time and again the prophets indicted the people of God for their lack of compassion, their injustice, their oppression of people about them, and even their own brothers and sisters.

Listen to the plaintiff Ezekiel, "The people of the land have practiced oppression and committed robbery, and they have wronged the poor and needy and have oppressed the sojourner without justice," (22:29).

The Lord speaks through the prophet Micah, "Hear now what the Lord is saying... listen to the indictment of the Lord... because the Lord has a case against His people... He has told you, O man, what is good; and what does the Lord require of you but to do justice, to love kindness and to walk humbly with your God?" (6:1-8).

Many Christians today rightly see that it is high time for the church to fast and pray. And many there are who are fasting and praying. But what is the fast that the Lord requires?"

His answer is plain in Isaiah 58:6, "Is this not the fast that I chose, to loosen the bonds of wickedness, to undo the bonds of the yoke, and to let the oppressed go free and break every yoke?"

Why does not the Lord acknowledge the humility of His people when they fast and pray? According to Isaiah their attitudes, motives, and consequent actions are contrary to

His will. They fast "for contention," not compassion; "for strife," not support; "to strike," not sacrifice.

Not until "the church which is His body" in all its parts hears and responds in practical ways to the cry of the oppressed of the earth will love and justice be done; will the fast be accepted.

The Lord says, "If you will remove the yoke from your midst—the pointing of the finger, and speaking wickedness and 'sacrifice' yourself to the hungry, and satisfy the soul of the afflicted, then your light will rise in darkness... and you will be like a watered garden, and like a spring of water whose waters do not deceive," (vs. 8-12).

While we wait for the ministry of God's Spirit to change the hearts of many of our brothers and sisters like Anita Bryant, (and change them He will), let us hold steadfast the promise that, "with righteousness He will judge the poor, and decide with fairness for the afflicted of the earth," (Isa. 11:4), and the assurance that "surely the justice due to 'us' is with the Lord and 'our' reward with 'our' God!" (Isa. 49:4). —SJ

Bryant canceled, reinstated . . .

Continued from Page 1

that the talk-and-variety series was to have been underwritten by a major manufacturer of sewing machines and filmed the first week of March.

Green said, "They had told her that a contract for the entire series was coming down in the mail and everything was hunky-dory."

Later it was reported that the sewing machine company had reversed what was described as the action of subordinates in the company and plans were once again in motion for the taping of the pilot.

Bryant, 37, a second runner-up in the Miss America contest in 1959, has appeared as a singer on several TV shows and represented soft drinks and the Florida citrus industry in TV commercials.

Appearing in January at a Dade County Commission hearing, she testified against an ordinance to ban discrimination against homosexuals in housing and employment.

In response to the passage of the ordinance, Bryant and other opponents announced the formation of a group called, "Save Our Children, Inc." The group has been trying to persuade the Commission to reconsider its vote, AP reported.

After S.O.C. gathered over 60,000 signatures, the issue has been forced into a referendum of the Dade County voters.

ERRATUM

It was erroneously stated in the February issue of **CONTACT** that J. Rinzema, a recent appointee to the Advisory Board of Evangelicals Concerned is a "faculty member of Fuller Theological Seminary." Rinzema is a pastor in the Netherlands and author of the book, *The Sexual Revolution*, published by Eerdmans.

Executive Committee members hold Chicago meet

Chicago — A meeting of Executive Committee members of Evangelicals Concerned was held at the Arlington Park Hilton, Chicago, on Feb. 22, exactly one year from the date of the founding of the organization.

The Committee is comprised of each of the regional directors. They are: Jay Brown, New York, N.Y. (Northeast); Rev. Leonard Patterson, Atlanta, GA. (Southeast); Rick Miles, Chicago, IL. (Midwest); Sherwyn James, Lincoln, NE. (Great Plains); and Rick Ward, Los Angeles, CA. (West).

Present at the meeting were Martin, James, Ward, and Ralph Blair, president of the Board of Trustees, who moderated the meeting.

Organizational relationships and responsibilities of the various levels of ministry within EC were defined. Ultimate legal responsibility for the corporation will be in the EC Board of Trustees which must approve or disapprove all policy, program personnel and budgetary matters.

Blair writes open letter to Bryant

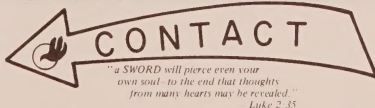
"Much as I deplore your views against gay rights, I deplore even more your employment problems arising out of your having having voiced those views.

"I believe that your personal opinions and activities have no more to do with your abilities as a singer or entertainer than people's homosexuality has to do with their abilities as teachers, preachers, or whatever.

"In light of your own experiencing of employment discrimination due to your involvement with gay rights issues, won't you please reconsider your opposition to the Miami ordinance banning discrimination against homosexuals in employment and housing?

"After all, its purpose is to protect a long-persecuted minority from the very kind of discrimination which now seems to be aimed against you. At least you have not been denied a house in which to live.

"P.S.— I just heard that *you* got your job back. Great! Now, what about *others*?"



is published monthly as the official newsletter of *Evangelicals Concerned, Inc.*, 30 East 60th Street, New York, N.Y. 10022. Inquires, comments, criticism, information and other pertinent input are invited as we seek to act as a liaison for gay evangelicals.

Opinions herein expressed do not necessarily reflect those of *Evangelicals Concerned, Inc.* or those of the editor.

Unless indicated, nothing is copyrighted and reprinting is encouraged; credit to CONTACT is requested, however.

Letters, articles, and information should be sent to Sherwyn James, editor, CONTACT, Evangelicals Concerned, P.O. Box 81645, Lincoln, NE 68501.

A national executive secretary, yet to be named by the Board of Trustees will carry out the program of EC.

Each of the members of the Committee will be responsible for approving appointment of local coordinators within his/her region. Local groups will have no official relationship to EC per se. Only the coordinator will be in a position to speak locally on behalf of EC.

The local fellowship will remain completely autonomous. Local fellowships will constitute and function solely upon the basis of their own discretion and perception of local needs.

The official publications of EC which will serve as liaisons between all levels of the EC organization are: **CONTACT** (the EC newsletter), edited by Sherwyn James and **Review** (the EC quarterly book review), edited by Ralph Blair.

The subject of funding was discussed with decisions as follows: (1) **CONTACT** will be published on a local fellowship per-copy subscription basis of 50 cents; (2) **Review** will be published gratis by the editor. *An Evangelical Look at Homosexuality* and the cassette, *Homosexual Christians?* are educational aids of the Homosexual Community Counseling Center, Inc. (3) Conferences will be self-sustaining through registration fees, and (4) Board members and the regional directors will underwrite their own expenses for the present.

To bring a sense of visual uniformity among the respective levels of EC, the graphic logo "EC" (see inset) was adopted. Graphic design of **CONTACT** was discussed and Rick Ward was commissioned to have a "new look" developed by an artist in Los Angeles.

Blair reported that approximately 1,000 persons had responded to the ad in the *Advocate* aimed at evangelical Christians and that 250 copies of **CONTACT** were being sent quarterly, a third of which were going to evangelical institutions at their request.

A search for a national executive secretary has been launched and resumes are being accepted by the Board of Trustees in New York City.

The next plenary and joint meeting of the EC Executive Committee and Board of Trustees was tentatively set for early August in New York City.

Local EC Fellowship Directory

EC/ATLANTA
Box 54094
Atlanta, GA 30308

EC/BOSTON
40 Manning Road
Waltham, MA 02154

EC/CHICAGO
216 West Jackson — Suite 612
Chicago, IL 60606

EC/DENVER
1950 Trenton
Denver, CO 80220

EC/LINCOLN
Box 81645
Lincoln, NE 68501

EC/LOS ANGELES
Box 1788
Santa Monica, CA 90406

EC/NEW YORK
30 East 60th Street
New York, NY 10022

EC/PHOENIX
8574 East Indian School Rd.
Scottsdale, AZ 85251

EC/SAN FRANCISCO
537 Jones St. — Box 9013
San Francisco, CA 94102

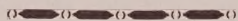
EC/SEATTLE
Box 495
Seattle, WA 98111

EC/WASHINGTON D.C.
Box 4622
Arlington, VA 22204

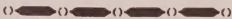
EC/PORTLAND
809 SE Elm
Dundee, OR 97115

Fellowship Forum — Current news briefs of fellowship activities

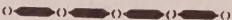
EC/ATLANTA— The local coordinator reports that the counseling service of an Atlanta Presbyterian church has requested permission to reproduce *An Evangelical Look at Homosexuality*, and believes that many in the church will be open to him and his lover... He also is assuming a strategic responsibility in promotion of Gospel concerts which is placing him in immediate touch with pastors and youth pastors of the Atlanta evangelical community... Prayer is asked for the April 9 appearance of The Second Chapter of Acts, that they may be open to the concerns of evangelical gays... A Wednesday night EC Bible study/rap session has been considering William Barclay's *The Mind of Jesus*.



EC/BOSTON— The Boston-area group continues to meet on a generally bi-weekly basis every second Wednesday. Discussions are conducted featuring resource persons and the meetings are closed with a prayer time and light refreshments... An exciting program of consciousness raising and confrontation is underway at the School of Christian Studies at Park Street Church, Boston's best-known and most prestigious evangelical church. This program has taken the form of "coming out" to the instructor of the course on Christian ethics who is a professor at Gordon-Conwell Theological Seminary. Dialogue is soon anticipated with another GC professor who is also teaching at Park Street Church... Boston's EC recently entertained Dr. Ralph Blair and Jay Brown, the new Northeast regional director.



EC/CHICAGO— The Chicago fellowship reports that a directive from the Dean's Office at Moody Bible Institute was issued in the wake of the Founder's Week distribution of leaflets explaining the purpose of EC and inviting dialogue. The directive warned that any student or staff having any contact whatever with EC would be subject to severe disciplinary action. The *Chicago Gay Life* carried a lengthy report of the distribution activity.



EC/DENVER— Local Coordinator Rev. Bruce Roller reports that ads have run in both gay papers in Denver and responses were expected... A national ad for the Roller Bible study course, *The Homosexually Oriented Christian*, has drawn several inquiries and has provided the opportunity for witness and counsel by mail "with numerous gay men who are 'hung up' about their sexuality and their religious convictions!"

EC/SEATTLE— Vince Campbell, Seattle coordinator, was elected executive secretary for the local group under by-laws recently adopted by the charter members... Current goals of EC/SEATTLE are to balance the group's fellowship and Bible study activities with more emphasis on evangelism, outreach and task force enterprises... In addition to the monthly second-Saturday group fellowship and two weekly Bible studies, a "family" concept (small units of the total constituency) has been introduced into the regular calendar of events. Three "families" plan their own social activity for the fourth weekend of each month.

NAE drafts resolution

Continued from Page 1

a community not previously recognized, namely, *the practicing homosexuals in our midst* (emphasis ours).

"Whether the result of moral looseness, social instability or physiological change, the number of homosexuals seems to be increasing to the point that both men and women belonging to this company now apparently equal or exceed the number of alcoholics in the population.

"The Bible speaks out strongly in condemnation of sin and unrighteousness in all forms. The Scriptures explicitly pronounce judgment on sexual deviance. The first chapter of Romans refers to the guilt of mankind expressed in shameful worship, perverted passions, and corrupted minds.

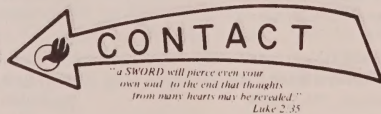
"Nevertheless, we must remember that all men regardless of their offenses need God's love as manifest in Jesus Christ. All too often evangelicals have both overtly and covertly rejected the person of the sexual deviant.

"THEREFORE, we resolve as the National Association of Evangelicals (1) to stand firm in the belief that the Holy Scriptures condemn practicing homosexuality and give no basis for approving this as an acceptable way of life;

"(2) to extend the healing ministry of our churches to this group in their desperate need of God's love;

"(3) to call upon physicians, psychologists and sociologists who are within the Christian community for expanded research on the cause and cure of homosexuality."

Page 4



P.O. Box 81645
Lincoln, Nebraska 68501

EVANGELICALS CONCERNED
40 Manning Road
Waltham, Massachusetts

April 20, 1977

Dr. Eric Lemmon
Gordon Conwell Seminary
South Hamilton, Massachusetts 01982

Dear Dr. Lemmon:

I'm sorry it has taken so long for us to get back to you, but our schedules have been full and it has been impossible for us to agree on a date when we could invite you to speak to Evangelicals Concerned in Boston.

At this moment, it looks like any Wednesday in May would be feasible for us, if that is agreeable with you. If some other day would be better, we could possibly switch our meeting date, but people are accustomed to coming Wednesday evening, at 7:30 p.m.

As we had discussed with you, many members of the group are gay people, however, quite a few are not, but are interested in the welfare and well-being of gay Christians. Therefore, your talk would not have to be geared entirely to a gay audience. As a matter of fact, our primary reason for asking you to speak was not because we are gay, but because we are Christian, and we were particularly interested in what you had to say about the nature of God.

Our usual meeting place is in Cambridge, but because we think that many members of Metropolitan Community Church would also be interested in hearing you, we wonder if you would be amenable to speaking to us at that location, which is the Old West Methodist Church, 131 Cambridge Street, Boston. We rather doubt that many of the people we would like to interest would be willing to go to Gordon Conwell, since it is very much out of the way, and most of them do not have cars.

We would be willing to pay your expenses for the time involved -- a small honorarium, possibly -- since our group does not collect dues nor take an offering, this would be in the way of a love gift from our regular attenders.

We look forward to hearing from you. In Christ,

Sincerely,

Russell Niles
Richard Wattson
Marjorie Ragona

P.S. If you need to contact us by phone, please leave a message with M.C.C. at 523-7664, which has an answering device, and we will get back to you.

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homosexual counseling journal

The Quarterly Journal of The Homosexual Community Counseling Center

EDITORIALS

Dr. Ralph Blair, Editor

Charter Volume Numbers 1, 2, 3, 4 1974



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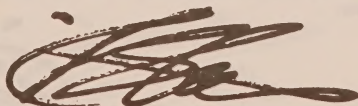
EDITORIAL

It was right for the Trustees of the American Psychiatric Association to drop homosexuality from the listing of mental disorders in the Association's *Diagnostic and Statistical Manual of Mental Disorders*. At long last, those at the top of the psychiatric profession reached the conclusion that, in terms of nomenclature, homosexuality does not meet the criteria for being considered a psychiatric disorder. These psychiatrists educated themselves through critical evaluation of the evidence from both within and without the homosexual community. They recognized that homosexuality per se does not regularly cause subjective distress nor is it regularly associated with some generalized impairment in social effectiveness. This decision should help to improve the chances for greater public acceptance of homosexual men and women.

The one unfortunate move of the Trustees was that they also created a new category, *Sexual orientation disturbance*, to replace the discarded category of homosexuality. This entry applies to those who, among others and because of introjected negative thinking about homosexuality, feel that they would be better off as heterosexual. To this end they will be led to invest large amounts of time and money to try for psychiatric reversal of orientation. Unfortunately, their hopes cannot be bolstered by histories of success in such effort. In the process, the lives of third parties will be disrupted and the homosexuals will lose opportunities to learn repertoire for functioning appropriately in terms of their fundamental sexual orientation.

Homoeotophobic psychiatrists are pressing now for a referendum of the entire APA membership in an attempt to overturn the Trustees' decision to no longer list homosexuality as a mental disorder. When psychiatrists think about behavior which has been so unacceptable in their society, it may be unrealistic to expect that many of them could set aside their prejudices and assess the matter in rigorous diagnostic and statistical terms. Elsewhere in this issue of the *Journal*, May's findings suggest that attitudes of members of the helping professions may have little to do with professional training and much to do with pre-professional opinions. The training of psychiatrists has been inadequate to counter popular notions about homosexuality. The response to a referendum might be characterized by what could be called, in Veblenian terms, a "trained incapacity" on the part of grass roots psychiatrists, as either citizens or psychiatrists, to change their impressions in light of more recent and accurate information.

How long the APA members may debate the definitions and what such a rank and file referendum could produce remain to be seen. In the meantime, homosexuals and all who may have anything to do with homosexuals (relatives, friends, co-workers, etc.) continue to need services which are generally lacking. These services include supportive counseling and sex education which refuses to raise expectations to unrealistic levels in terms of orientation reversal. People must adapt realistically to a sexual orientation which, as a normal human variety, can be a source of enjoyment and fulfillment once myths are shed and serious attention is paid to the solving of problems for which there has been so little, if any, preparation.



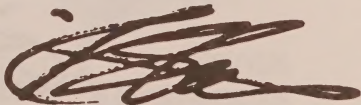
EDITORIAL

The verdicts of those unenlightened university administrators who, in the spring of 1972, first attacked Joe Acanfora's fitness to teach as an openly gay school teacher have led to the courts. In a ruling this winter, the former earth sciences teacher is not allowed to teach because he acknowledges publicly that he is homosexual. (See NEWS)

The vocational discrimination itself is deplorable and there are insidious "lessons" in such a ruling. The decision is bad enough for Acanfora but it is also tragic for millions of homosexually-developing young people isolated across the country, forced to deal so independently with their unexpected differentness. Without role models to whom they can look and say, "Yes, see, there are others right here - everyday people like I am - who also are gay," they shall have to continue to conclude that they are left with only the stereotypes of limp wrists or clenched fists from which to choose a life style and vocation consistent with their sexual orientation. Contrary to the prejudices of those who seek to keep all gay adults away from "impressionable" young men and women, there are few more basic supports than those which could be provided by the recognition that there is much more to the life of a homosexual than the person's sex acts. This is precisely what a young student could observe in the day to day interaction with a good teacher who was comfortable with his or her homosexual identity but who would be seen as a real human being in other ways as well. Our homosexually-developing children will eventually find others - or will be found by others - with whom to have sex, even though this may be so sadly late in life because of the denial forced on them throughout their earlier years. But will we, as responsible members of the helping professions, not permit those who are already homosexual by the time they reach high school, to prepare themselves as best they can for what can be a most precarious life without preparation? Will we not help the heterosexually-developing to deal effectively with the inevitable homosexuality of others, e.g., their children, wives or husbands, friends, strangers, etc.? Parents must learn that their gay children need not look ahead to only horror. Homosexuals need to know that they are not stuck in vocational options of only hair dressing or interior designing just as other minority group members have had to see themselves as other than domestics or grape pickers.

The established order is in a position to enforce its prejudices and we must be careful not to expect good will to prevail without a fight. For example, the American Council on Education reports that the University of Minnesota spent \$25,000 defending up to the U. S. Supreme Court its decision not to have an avowed homosexual on its library staff.

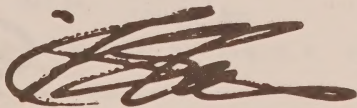
It is past time for us to acknowledge the obvious need for our knowledge to be applied to those for whom careers are closed and life styles shut off simply because of their acknowledged sexual preferences. What this may mean in each case will be determined by the relative openness of the person in question and the occupational situation in which he or she wants to work. In general, though, counselors must try to re-educate themselves, clients, clients' co-workers, employers, and the public at large. We must try to make it clear that sexual orientation has no significance on the job and should not be a factor in hiring, promotion, or firing. We must support real-life evidence of responsible role models for our young people so that they are not left with only outworn and useless versions of "themselves." While we try to change discriminatory policies and practices we must also alert our homosexual clients to the facts and possible consequences of current discrimination.



EDITORIAL

The defeat of the New York City bill which would have banned discrimination against homosexuals in jobs, housing, and public accommodations was the first bill killed on the City Council floor since the Council was formed 36 years ago. This is an index of the deeply-rooted discrimination which requires the kind of legislative intervention intended in the bill. Some hope comes, though, from the hinterlands, where similar bills have been passed. Now the Acanfora case has been carried to the U. S. Supreme Court and a bill has been filed in the U. S. Congress to add "sexual orientation" to the list of anti-discrimination characteristics of the 1964 Civil Rights Act. Sooner or later, goals of the struggle to secure such fundamental rights to work, shelter, and public facilities can be won. But if it is later instead of sooner, organized bigotry and ignorance will continue to deprive so many more people of the means to economic stability and human dignity which most other Americans take for granted. Whether sooner or later, experience teaches that there is no question that a real struggle must be endured before these rights are secured for all.

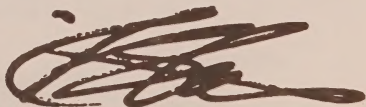
Those of us who consider ourselves to be members of what is sometimes cynically called the "helping professions" must face the fact that no amount of self-styled liberalism, libertarianism, or other largess in point of view is of any effect without a workable endeavor to overcome policies and practices which waste the lives and talents of some of our citizens. The helping professionals cannot help by only blithely acknowledging that homosexuals are not necessarily evil and sick. We must actively support the rights to live where one chooses and to enter and advance in the career for which one is qualified without regard to private sexual preferences. We in the helping professions are in a better position than most to understand the terrible toll to the victims of discrimination. We are also in a position at local, state, and national levels to help to correct those conditions if only we will act on what we know and profess to be necessary for the fuller functioning of people in their private lives and in the world of work.



EDITORIAL

By now it should be evident to anyone with experience with homosexuals, an adequate understanding of human sexual development, and a healthy dose of common sense and decency that homosexuals and their families could be better prepared for homosexuality than they have been. We in the helping professions should stop deceiving ourselves and them and acknowledge that to begin to adapt to a homosexual life of one's own is of importance at an earlier age than we have been allowing for out of a concern for our economic security and public relations. How many more years of adolescence, young adulthood, and even middle age must be wasted in guilt-ridden and frustrating attempts to accommodate to unrealistic expectations of a society which has failed to meet the needs of those of our children who quite naturally develop homosexually at the same time that most of our children are developing heterosexually. No doubt we would be appalled if someone were to suggest that we should not help young people to learn to deal with their heterosexuality as well as they can — even in a generally supportive heterosexual world. But many would be appalled at the suggestion that we should help young people to learn to deal with their homosexuality as well as they can — especially because of a generally oppressive heterosexual world.

The courts are now trying to determine whether young people have the same constitutional rights as their elders. School boards and parents' groups are arguing over what books children should be permitted to read. School administrators are trying to squelch the formation of gay student groups in high schools and colleges. Meanwhile, sex among teenagers is common and the young, particularly homosexually-developing boys and girls, are still forced to struggle independently in arriving at some sort of management of their sexual identities and behavior in whatever way they can. If our children were manufactured in toy factories we could make sure that they were all the same, -- all what we wanted: perfectly programmed heterosexuals. But our children are real people with a natural capacity, and sometimes a preference, for homosexuality. When will we admit this and get on with more appropriate responses to the facts of life?



HOMOSEXUAL COUNSELING JOURNAL is the official quarterly of the Homosexual Community Counseling Center (HCCC, Inc.) in New York City. All manuscripts must be submitted to the editor in triplicate to facilitate referral to the editorial board and must be prepared to conform to the *Publication Manual* (1974 Revision) of the American Psychological Association. Copyright held by the HCCC, Inc. All rights reserved. HOMOSEXUAL COUNSELING JOURNAL is abstracted in *Psychological Abstracts* of the American Psychological Association and is recorded on microfilm at University Microfilm, Ann Arbor, Michigan. The annual index is published in the October issue. Subscriptions are \$15 per annum (institutions) and \$10 per annum (individuals). Communications concerning subscriptions and change of address should be sent to the managing editor, HCJ.

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Medically Speaking—

New Journal Will Help Homosexuals

By DR. WALTER ALVAREZ
Emeritus Consultant, Mayo Clinic

I just received the first issue of a new journal which should be especially helpful to those young homosexuals who puzzle over the problems that life brings to them. It is the "Homosexual Counseling Journal," the quarterly journal of the Homosexual Community Counseling Center, 921 Madison Ave., New York, N.Y. 10021.

In the new journal are reviews of books on the subject of homosexuality and an article on the attitudes of counselors and psychologists toward homosexuals. There is also a section with news items of interest to homosexuals.

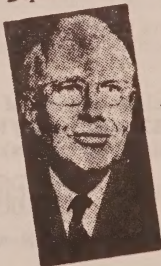
For example, the Illinois Department of Children and

Family Services is considering a plan to place homosexual children in foster homes with homosexual couples when all other attempts to place these children in more traditional settings have failed. One official describes "the plight of the young homosexual who is virtually barred from a normal placement situation and has been the object of scorn all his life."

In another news item, I read that in Boston, the Massachusetts Red Cross Blood Program is now recognizing homosexual couples as family units during an emergency appeal, and as a result, during one weekend, received about 100 pints of blood from homosexuals. According to the program, children of either partner are eligible to receive blood from the program.

The aim of the new journal is to encourage people with feature articles written "by the best-informed men and women working with homosexuality in the individual and in society today." The editor is Ralph Blair, D. Ed., who has written a splendid survey of the etiology (origin) of homosexuality.

This first issue in *In Memoriam* to my old and dear friend, the late Alfred C. Kinsey, who was a pioneer in the study of the many different forms of sexual behavior of men and women.



Dr.
Walter
Alvarez



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-- Evangelical best-selling author. (Publisher prohibits use of name)

"I wish to commend you for your insistence upon precise and authentic exegesis in the face of the bigoted distortions constantly imposed by your conservative evangelical opponents."

-- Dr. J. Harold Ellens, Executive Secretary,
Christian Association for Psychological Studies

"That trash that you wrote to justify homosexuality is pure crap -- much less decent theology and exegesis."

-- Anonymous reader in Missouri.

"Shocking!"

-- Anonymous pastor in Alaska.

"Please remove from mailing list."

-- *Christianity Applied*

"Please don't send me anymore of your junk! I follow Jay Adams!"

-- Anonymous reader in Ohio.

"There is no place in our modern society or especially in the Church for practitioners of abomination [*sic*] before the Lord. I renounce you as the Lord told us to renounce all of Satan's Works (and workers). In the Faith, ..."

-- A minister from Texas.

"Your booklet was a blessing to our family, to say the least."

-- Anonymous mother in Pennsylvania.

"Dr. Blair makes a short but powerful case to call every Biblical bluff. This booklet 'does the job.'"

-- Dean Gengle, Assistant Editor, *The Advocate*.

"We who take the Bible seriously must constantly seek new awareness of its relevance to contemporary issues. Dr. Blair has raised some important questions concerning traditional interpretations of the biblical view of homosexuality. To refuse to read him and study his evidence is symptomatic of fear rather than faith."

-- Dr. Virginia R. Mollenkott, Professor of English at William Paterson College and author of *Women, Men and the Bible*.



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For I am persuaded, that neither death, nor life, nor angels, nor principalities, nor powers, nor things present, nor things to come,

Nor height, nor depth, nor any other creature, shall be able to separate us from the love of God, which is in Christ Jesus our Lord.

Romans 8

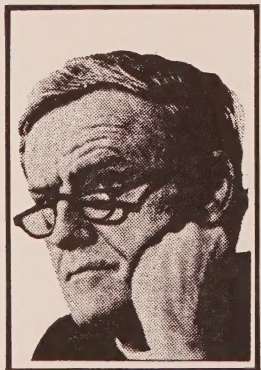
RECORD

Spring 1979

Newsletter of EVANGELICALS CONCERNED, INC., Rm 803, 30 East 60th St., New York, N.Y. 10022



Virginia Mollenkott



Paul Moore, Jr.

- * New York -- A sample of the spring speaking engagements of Ralph Blair, President of Evangelicals Concerned, Inc., is illustrative of a mounting interest in an evangelical response to issues in homosexuality. On March 31 he spoke at a conference on religion and homosexuality sponsored by the United Campus Ministry of Ohio University at Athens, Ohio. On April 19, via telephone hook-up with Asbury Theological Seminary in Wilmore, Kentucky, Dr. Blair will engage in a debate on counseling issues and homosexuality. Two days later, Dr. Blair will be speaking and leading a symposium, "What About the 'Ex-Gay' Movement?" at the 25th Annual Convention of the Christian Association for Psychological Studies to be held in Minneapolis at the Curtis Hotel. On the same day, he will participate on a panel with advocates of the "ex-gay" movement. On May 4, Dr. Blair will speak at a meeting sponsored by the Institute for Contemporary Psychotherapy in New York City and on May 5 he is scheduled to give a keynote address at the Strategy Conference on Homophobia in the Churches. The latter conference will be held outside of Washington, D.C. at the Quixote Center. Dr. Blair will speak and lead a workshop (June 14-17) on "Gay and Christian" at the Kirkridge Retreat and Study Center in the Pocono Mountains of Pennsylvania. Further information about the Kirkridge conference is available from Kirkridge, Bangor, Pa. 18013.
- * Des Moines -- The Evangelical Book Club has chosen as the dual "Current Selection," two books on homosexuality: *Is the Homosexual My Neighbor?* by Virginia Ramey Mollenkott and Letha Scanlon (Review, Vol II, No 3b) and *The Unhappy Gays* by Tim LaHaye (Review, Vol III, No 1). Those who choose the monthly selections for EBC are: Carl F. H. Henry, theologian; Tom Skinner, black evangelist; Donald Tinder, associate editor of *Christianity Today*; John F. Walvoord, President of Dallas Theological Seminary; David A. Hubbard, President of Fuller Theological Seminary; and Warren Wiersbe, Bible conference speaker.
- * Waco -- EC Advisory Board President Virginia Ramey Mollenkott is one of 15 evangelical women who have written of their own true stories struggling to overcome the second-class citizenship that they have experienced within the churches. The book, *Our Struggle to Survive*, is edited by Virginia Hearn and published by Word Books. It is a Special Selection of the Word Book Club. It is evident that, in many ways, the evangelical woman's struggle to serve in the church is similar to that of the evangelical homosexual's.
- * New York -- Paul Moore, Jr., the Episcopal Bishop of New York, has written a fine first-hand account of the controversy surrounding the ordination of women and declared homosexuals. The book is called *Take a Bishop Like Me* and is published by Harper & Row.
- * Indianapolis -- Edward W. Jones, the Episcopal Bishop of Indianapolis, has supported a major resolution passed at the annual convention of his diocese calling upon the church leadership not

to discriminate against homosexuals who present themselves for ministry in the Episcopal priesthood.

- * Reston, VA -- The annual council of the Episcopal Diocese of Virginia approved a statement on homosexuality. The council recognized that "Many homosexual persons can and do live together in faithful, loving and sometimes lifelong pairings or unions," but was not ready to outline conditions, "if any," under which the ordination of openly gay people might take place. At the same time, the council urged Episcopalians to reject homophobia. The issue of homosexuality is due to come up at this year's national meeting of the Episcopal Church. One of the members of EC's Advisory Board is the Reverend Sam Portaro, Jr., college associate at Bruton Parish (Episcopal) in Williamsburg, Virginia. He has been helpful in the continuing sex education of colleagues in the Diocese of Virginia.
- * Dallas -- The ordination of homosexuals within the United Methodist Church was urged by vote of a gathering of 650 Methodist women clergy. The denomination has 855 ordained women in a total clergy membership of 25,000.
- * Denver -- James Jones, President of the Iliff School of Theology (Methodist) has refused to admit a self-declared homosexual candidate from the Metropolitan Community Church of Washington, D.C. Jones, who is also President of the Association of United Methodist Theological Schools -- a group of chief executives from the 13 United Methodist seminaries -- said that he based his decision on the section in the Book of Discipline which forbids the use of Methodist funds to promote "the acceptance of homosexuality." According to the Admissions Committee, the seminary could lose \$300,000 in denominational funding if an "openly gay" student were admitted.
- * Wilmore, KY -- Charles Keysor, one of the founders of the conservative United Methodist group known as Good News, has warned that unless lay members rally, there will be no defense "against the forces seeking to qualify practicing homosexuals to stand in the pulpit." Good News publishes various anti-gay tracts of dubious scholarship.
- * Atlanta -- In a paper recommended for adoption by the 1979 General Assembly of the Presbyterian Church in the U.S. (Southern), the denomination's Council of Theology and Culture has opposed ordination of self-avowed practicing homosexuals. The council approved the document adopted by the 1978 United Presbyterian General Assembly and added that "while the practice of homosexuality is called a sin, the paper does not speak of the homosexual condition as sin." The paper also reaffirmed earlier positions of the PCUS supporting the civil liberty rights of homosexuals.
- * Philadelphia -- A Presbyterian minister disagrees so strongly with his church's ruling that "repentant, non-practicing homosexuals" may be ordained that he is leaving his Roslyn church and taking a third of the congregation with him.
- * Princeton -- Since her courageous address before the United Presbyterian General Assembly in San Diego last spring, openly gay seminarian Sandy Brawders has faced increasing ostracism and homophobia on the Princeton Seminary campus. Faculty members and students alike, including other gay students, seem to be afraid for their careers in the church and therefore refuse to associate with her. She has recently been elected as the new coordinator of the Presbyterians for Gay Concerns.
- * Minneapolis -- Evangelical Lutheran minister and editor, Richard John Neuhaus, in his book, *Christian Faith and Public Policy*, urges support of the civil rights of gay people including the right to hold teaching jobs. He also recommends the repeal of victim-less crime laws, including those that limit sexual conduct between consenting adults.
- * Nashville -- Rufus Coffey, Executive Secretary of the 200,000 member National Association of Free Will Baptists, has written to Evangelicals Concerned and says that he is appalled to read "about so-called 'homosexual Christians.' Why not a 'child abuse Christian?' Why not start a 'thieving Christian' organization? Why not start a 'murdering Christian' organization? The mafia (sic) would love it." He goes on to say, "It is appalling that you have the audacity to write about helping the churches to coddle Sodomites. Your brazen audacity is ridiculous. How absurd can you be to talk about 'Christian homosexuals.' Why not talk about 'Christian rapists?'" He concludes: "First, you need to get sex perverts saved and delivered from their base, wicked, abominable practices before attempting to identify them as Christian."
- * Philadelphia -- Evangelicals for Social Action, subtitled "Christians committed to justice and liberty," has been reorganized under the leadership of Ronald J. Sider and a Board of Directors which includes some very anti-gay spokesmen. Among them are two men

who have repeatedly attacked "justice and liberty" for homosexuals: Matthew Welde and Richard Lovelace. ESA has sent Ralph Blair several appeals for money to which he has responded: "To ask us to turn the other cheek is one thing; to expect us to pretend that such assaults are 'love taps' in our own best interest and to ask us to pay \$25 for the benefit is quite another."

* Washington, D.C. -- Columnist Michael Novak will be the main speaker at the Third International Christian Political Conference. His latest article (in *Conservative Digest*): "Homosexuality: A Social Rot." The conference theme: "Justice for All." Novak's topic: "Is There Justice for Groups in America?"

* Washington, D.C. -- According to *Christianity Today*, Jack Chick (publisher of the cruel anti-gay comic book, "The Gay Blade") was one of the main promoters of witch-turned-evangelist John Todd and Chick "still believes Todd." Chick featured Todd in several comic books and, with a lawyer, succeeded in getting him out of jail where he was serving his sentence for "contributing to the unruliness of a minor." The pistol-packing Todd has been traveling around the country preaching that Jimmy Carter is the Anti-Christ and that the PTL and Christian Broadcasting Networks, as well as the Melodyland Christian complex and prominent charismatic ministers are agents of the Illuminati, a secret group planning to take over the world.



Chick's "The Gay Blade"

* Santa Monica, CA -- The *Playgirl* Interview for February featured Debby Boone. With its full-color pictures of male nudes, *Playgirl* is a favorite magazine of many gay men. Asked if she thought homosexuality was a sin, Boone answered: "I think so, but there's hundreds - more than hundreds - there's plenty of sins, I'm not saying homosexuality is the ultimate sin or the most horrifying sin I can think of ... God doesn't really regard me any differently than either a killer or a homosexual; we're all equal in His sight. He sees it a lot more objectively than we do ... He's not keeping a list and checking it twice. He looks at people and their problems ... Not looking at them as if 'You do that one more time, it's over.' It's not like that, and so it's not like He's looking at a killer or a homosexual and saying, 'You're out, you're never gonna make it.'"



Debby Boone

* Los Angeles -- When asked for her opinion about Anita Bryant's campaign against gay rights, Dale Evans Rogers replied: "While I respect Anita as a performer and a fellow Christian, I myself would never campaign against anyone. I love all people."



Dale Evans Rogers

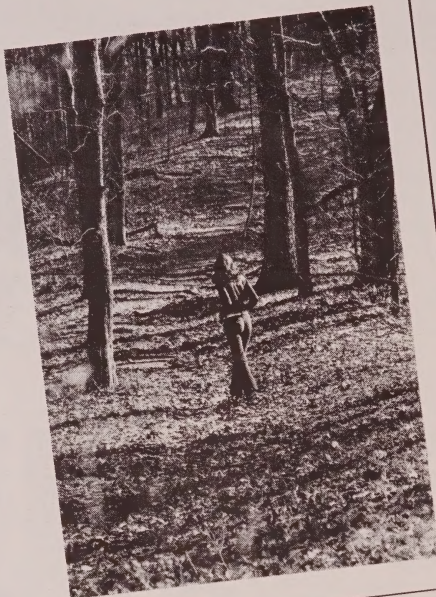
* Lynchburg, VA -- Jerry Falwell is still in the process of tabulating the results of his anti-gay "Clean Up America" campaign. According to his own preliminary statistics, however, at least 36,250 of his own respondents have refused to vote "no" on homosexuality. In a recent sermon, Falwell called the assassinations of San Francisco's Mayor Moscone and Supervisor Milk the wrath of God for the toleration of gay people in San Francisco. Dan White, the man accused of the killings, while a Supervisor, had made it clear that he saw himself as the Board's defender of the home, the family and religious life against the gays.

* Key West -- Gay people continue to be the targets of vicious beatings in the wake of an ad placed in *The Key West Citizen* by Rev. Morris Wright of the Key West Baptist Temple. Wright said in the ad: "If I were the chief of police I would get me a hundred good men, give them each a baseball bat and have them walk down Duval Street and dare one of these freaks to stick his head over the edge of the sidewalk. That is the way it was done in Key West in the days I remember and loved." He called for vigilante action against what he terms "female impersonators and queers."

the other side

A MAGAZINE OF CHRISTIAN DISCIPLESHIP \$1 ISSUE 81 JUNE 1978

The
gay
person's
lonely
search
for
answers



Six gays share their personal histories

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Don Dayton, Marty Hansen, Wayne Holcomb,
Mark Olson, Letha Scanzoni, Lewis Smedes

An interview with Ralph Blair

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The clash
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